

FEEDBACK / COMPLAINT FORM

<p>Please Tick x in box below: Subject: <input type="checkbox"/> Feedback <input type="checkbox"/> Complaint</p> <p>Through: <input type="checkbox"/> Verbal <input type="checkbox"/> Written</p> <p>From: Name: _____ Batch: _____ Class: _____ Email: _____ Contact: Cell Phone _____ Tel./ Office _____</p> <p>Sign: _____ Date: _____</p>	<p>To: Genetic Computer School</p> <p>Blk 167, Jalan Bukit Merah #06-11A, Connection One, Tower 4, Singapore 150167 Phone: +65 6339 7588 Fax: +65 6338 1442 Email: feedback@genetic.edu.sg</p> <p>Received By: Name/Sign _____ Date/Time: _____ Ref No: _____</p> <p>(Acknowledgement to feedback within 3 working days)</p>
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1. Description of feedback / complaints (attach separate sheets if space insufficient)

2. To be filled by Investigating Officer

Root Cause Analysis:

Recommendation(s):

Name: _____ Sign: _____ Date: _____

3. Corrective / Preventive Action

Proposed Plan:

Implementation Date:
Name: _____ Sign: _____ Date: _____

Follow-up / Verification:

Effective Improvement Needed Follow-up

Remarks, if any:

4. Close-Out

Dept/Function	Sign	Date	Dept	Sign	Date
Student Admin Executive			Head of Admin		
Lecturer			Head of Academic		
Student Recruitment			Head of Operations		
Marketing					
Sales & Marketing			Principal		