FEEDBACK REPORT FORM

INTEC Education College		FEEDBACK REPORT FORM	Unit:
			Date:
		Record Number/Subject:	
Name:			
Position :			
Action taken:			
FOR OFFICE USE			
FOR OFFICE USE			
Verified by:			
(Head of Office/ Unit)			
	Signature & stamp		

Note: This form must be submitted to Corporate Relations & Communication Unit for further action.