



Name and Contact Details

Name 姓名:		Date 会面日期:
Contact No 联系电话:		Time 时间:
For Students Only		
Student's Pass No 学生证号:	Class 学生班级:	Course Commencement Date 入学日期:

Channel and Type of Feedback

Feedback Channel 见面/会谈途径: *e-mail / Walk-in / Telephone 电邮/面对面/电话 Others (Please specify)其他 (请注明): _____
Type of Feedback(s) 反馈类别: *Course Fees / Teachers / Staff / Facilities 学费/老师/职员/设施 Others (Please specify)其他 (请注明): _____

For Office Use Only: Section A (to be completed and responded within 24 hours)

Summary of Contents 反馈或投诉内容摘要:	
Complainant Signature 投诉者签名: Date 日期:	CSS Executive Signature 学生事务员签名: Date 日期:
Investigation, solution and action 调查结果与处理:	
Senior HOD of CSS Signature 学生事务经理签名: Date 日期:	
Further Investigation / Action by HOD of CSS / DOM (if necessary) 进一步调查/学生事务经理或营销董事介入处理(如果需要):	
HOD of CSS / DOM Signature 学生事务经理或营销董事签名: Date 日期:	

Section B (to be completed within 21 days upon feedback received)

Respond to Complainant 给投诉者的答复:



Result: Complainant *Agreed / Not agreed to the solution and action (proceed to mediation channel) 处理结果: 投诉者* 接受 / 不接受 (寻求调解中心)	
Complainant Signature 投诉者 签名 :	HOD of CSS / DOM 学生事务 經理或营销董事签名 :
Date 日期 :	Date 日期 :

*Delete Not Applicable Items 删除不适用的项目