



St. Francis Methodist School

FEEDBACK FORM

NAME OF STUDENT/ PARENT/
GUARDIAN: _____

CLASS: _____

EMAIL: _____

CONTACT NO. _____

Date & Time of Incident:

Venue of Incident:

Details of the Incident/ Feedback/ Complaint/ Appeal:

Name of Staff Member - Care teacher/ Division Head/ Head of Admission handling the case,
Signature & Date:

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Action Taken/ Outcome:

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Response to student on date: _____

Attached a copy of the letter/ email: Yes / No

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Summary of the outcome:

Approval from Principal/ COO, Signature & Date:

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The above case is **RESOLVED** / **UNRESOLVED**: refer to mediation centre , date: _____

* Students are to place the Feedback Form in the envelope provided and submit the form to the CARE Teacher/ Division Head/ Head of Admission within five days of the cause of the complaint/ feedback.

* In order for the school to investigate the cause of complaint/ feedback, please be reminded that student /parent /guardian is to provide his/her name, class (if applicable) and contact number accurately.

All information received and shared in this application form will be treated as private and confidential and any dissemination, distribution or duplication of such information, unless required by law or other statutory regulations is strictly prohibited and is the sole property of St Francis Methodist School.