

Date received _____

COMPLIMENT / FEEDBACK / COMPLAINT FORM

Feedback from Student / Parent / Guardian			
Name of Student / Parent / Guardian		Class	
Email Address		Contact No	
Details of the Compliment / Feedback / Complaint: <i>(Please provide the details on a separate paper if the space provided is insufficient)</i>			
Signature of Student / Parent / Guardian		Date	

Confidentiality Clause: St Francis Methodist School is committed to maintaining the confidentiality of the students' personal information and undertakes not to divulge any of the students' personal information to any third party without prior written consent of the student subject to the obligation of SFMS to disclose to any Singapore government authority any information relating to the student in compliance with the law and/or organization conferring/awarding the qualification.

Outcome (For Office Use Only)Handled by:
(Name of School Staff)

Designation

Actions Taken / Outcome:

<https://www.sfms.edu.sg/wp-content/uploads/2020/10/13-Compliment-Feedback-Complaint-Form.pdf>Date of Response to
Student / Parent / GuardianCorresponding email/letter
attached: Yes No

Signature of School Staff

Date

Approved by
Name, Designation, and
Signature

Date

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