CUSTOMER COMMENTS

Did we get it right/wrong?
Have your say, let us know
We want to improve our service to you

You can also direct your comments/compliments via Email to:

QUALITY USE ONLY:

DATE RECEIVED: ____________________________ REGISTERED NUMBER: ____________________________

PLEASE TICK:
☐ COMPLIMENT ☐ COMMENT ☐ CONCERN ☐ COMPLAINT

PLEASE STATE COURSE/AREA INVOLVED:

DETAILS (Please attach separate sheet if necessary):

I am a (please circle) Student Visitor Supplier Client Staff Member

PLEASE SUPPLY YOUR ADDRESS BELOW IF A WRITTEN RESPONSE IS REQUIRED

________________________________________________
____ __________________________________ _____/_____/_____
Name      Signature     Date

WHEN THIS FORM IS COMPLETED PLEASE HAND TO A STAFF MEMBER
STAFF ONLY- THIS FORM IS FORWARDED TO - QUALITY MANAGER/COORDINATOR, CAMPUS
ADMINISTRATIVE COORDINATOR
<table>
<thead>
<tr>
<th>AREA OF OPERATION:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>ACTIONING OFFICER NAME:</td>
<td>UNIT/DEPARTMENT:</td>
</tr>
<tr>
<td>APPOINTED BY:</td>
<td>UNIT/DEPARTMENT:</td>
</tr>
</tbody>
</table>

**INSTRUCTION TO ACTIONING OFFICER (RESPONSE REQUIRED WITHIN 10 WORKING DAYS):**

___________________________________________________________________________________

_____/_____/_____

DIRECTOR/QUALITY MANAGER/CO-ORDINATOR DATE

RESPONSE BY ACTIONING OFFICER - REFER TO BRI-QP 14.1 - CUSTOMER COMMENTS
(please attach separate sheet if necessary)

NOTE: RESPONSE REQUIRED WITHIN 10 WORKING DAYS OF RECEIPT

___________________________________________________________________________________

_____/_____/_____

SIGNATURE ACTIONING OFFICER DATE

PLEASE RETURN FORM TO QUALITY UNIT
OR TO RELEVANT DIRECTOR IF A WRITTEN RESPONSE HAS BEEN REQUESTED
(SEE BRI-QP14.1 - CUSTOMER COMMENTS)

FOR ACTION BY DIRECTOR WHERE WRITTEN RESPONSE HAS BEEN REQUESTED:

RESPONSE FORWARDED TO COMPLAINANT ON ________________________________
(ATTACH COPY OF RESPONSE) DATE

_____/_____/_____

DIRECTOR/S SIGNATURE DATE

RETURN ALL DOCUMENTATION TO QUALITY MANAGER/CO-ORDINATOR

_____/_____/_____

QUALITY MANAGER/CO-ORDINATOR DATE

FINALISED