



Feedback Form

The purpose of this form is to ensure fair and reasonable decisions for feedback and to enable data to be gathered that will be used to improve the quality of academic, administrative and support services provided by ACFB.

Date: ____ / ____ / ____

Title: Mrs, Miss, Ms, Mr, Dr, Professor

First Name: _____ Last Name: _____

Address: _____

Telephone: _____ Email: _____

Please provide information of your involvement at ACFB

Are you a:

- Current Student
- Past Student
- Staff Member
- Student Massage Client
- Student Boot Camp Client
- Other: _____

Information about Feedback

Could you please provide us with the details of your feedback, please be specific:

Would you like ACFB to follow the complaints process as outlined in the student handbook?

Yes

No

If no, please indicate if you would like ACFB to contact you to discuss your feedback in greater detail.

I would be happy to discuss my feedback with the Business Manager at ACFB

I do not want ACFB to contact me to discuss my feedback

Please return this form to the Business Manager at ACFB.

ACFB appreciates you taking the time to fill in the feedback form. We take all complaints and feedback seriously and we will endeavour to produce a fair and equitable outcome to all students.