

MULTI- PURPOSE COMMENT FORM

Accolade Positive points of interest Concern

Name: *(Person seeking feedback)* _____

Date of request _____

Issue:

Signature: _____

Once the above information is completed please forward to Student Support

Outlined Action taken:
(Please date each action)

Staff Meeting Discussion with student/s Management Discussion Other _____

Date:	

Comments:

Signed: _____

Signed: _____

College Director (Optional)

I have read and understand the action taken above as acceptable:

Signed _____

(Person seeking feedback)

Lined writing area consisting of 30 horizontal lines.