Feedback Form



Use this form to record formal feedback on any event, situation or service that you think needs improving or that deserves positive recognition.

Return to: Email: complaints@weltec.ac.nz Postal: Academic Director's Office - Academic Services & Policy, Private Bag 39803, Lower Hutt 5045	
1 PERSONAL INFORMATION	
Legal Surname or Family Name(s)	Legal First or Given Name(s)
Street Address	
Dragramma/Cauras anvalled on	Postcode
Programme/Course enrolled on	
Home Phone	Mobile ()
Email	WelTec Student ID
2 YOUR FEEDBACK Describe the event, situation or service that you think needs improving or that deserves positive recognition	
How could your suggestion be implimented or how could the service be recognised by WelTec?	
Please tick the box if you wish to receive a response to your feedback	
Student Signature Date	
Thank you for taking the time to complete this form. WelTec welcomes all feedback.	

BPM 6.06/SF012: Feedback September 2017