

# Feedback



 **COMPLETE THIS FORM & EMAIL TO:** [complaints@weltec.ac.nz](mailto:complaints@weltec.ac.nz)

 **OR RETURN THIS FORM TO:** Academic Director's Office - Academic Services & Policy  
Private Bag 39803, Lower Hutt 5045

 **0800 935 832**

 **[www.weltec.ac.nz](http://www.weltec.ac.nz)**

## 1 PERSONAL INFORMATION

Legal Surname or Family Name(s)

Legal First or Given Name(s)

Street Address

  

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 implemented 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.