

Trafford College

CUSTOMER FEEDBACK FORM



Trafford College

Quality Department, Trafford College
Talbot Road, Stretford, Manchester M32 0XH

Your Details

Give your name and your relationship to the college (e.g. parent, employer or student). If a student, please name your course and give the name of your tutor.

Address _____

_____ Postcode _____

Telephone No. _____

Please give details below of your feedback (attach extra pages and any letters if applicable). If your feedback relates to a class or a course, please name it and – if it is part-time – give the day or evening you attend.

Signed _____ Date _____

For Official Use

Form No. _____ Date Received _____

Ref No. _____ Sent to _____ Date _____

Remarks _____

Signed _____ Date _____