

Staff Use Only (checks):

Compliment	Info	Concern	Staff	Problem Solving	Resolved	Follow-up	Outcome (circle)
							S N D

Grey Areas: Dates

Outcome: S = Satisfied; N = Neutral; D = Dissatisfied

Beyond Academics
Feedback Intake Form

<i>Initial Data</i>	Date: ___/___/___ Time: _____	Caller/Visitor: _____ Phone: _____
	Staff: _____	Address: _____
	Phone E-mail Visit	Student: _____ DOB: ___/___/___
	Other _____	Caller's relationship to student: _____

<i>Type</i>	Quality Issue Relating to BA Services, or Needs Additional Service (go to Page 2)	
	Issue relates to: Student services Leadership/Management LME-generated concern Business concern	Response or Action: _____ _____ _____ _____ _____

<i>Information (from caller's perspective)</i>	_____

	Caller's Suggestion: _____ See Additional Page(s)

Staff Signature: _____	Date of Completion: ___/___/___
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