



## **CUSTOMER SERVICE FEEDBACK FORM**

Dear Customer,

Please help us to improve our services by giving us your feedback on the service provided by our Customer Services or administrative staff who has served you. We aim to serve you better through continual improvement. We thank you for the time taken.

Your Particulars					
Name (Optional):					
Address :				<del></del>	
Email Address :					
Tel. Number(s) (Home):	(O	ffice):	(Mobile):		
Your Feedback					
Purpose of Visit:	Registration	Enquiry	Both	Others	
Waiting Time :	5 mins or les	s	ins	mins  More th	nan 15 mins
Your Expectation Waiting	g Time:				
	Less than 5 r	nins  6 to 10 mi	ins	mins  More th	nan 15 mins
You were served by:	(Name/Tit	le)	-		
How would you rate our					_
	Excellent	Very Good	Good	Average	Poor
Friendliness					
Helpfulness					<b>7</b>
Cheerfulness					
Attentiveness					
Product Knowledge					
Did you receive the inform	mation that you wanted	ነ?			
Yes	No				
Other Comments Please provide us with C below.	omments or Suggestic	ons (if any) on way	s we could serve	you even better ir	n the space
SA is Committed to maintaining	g the Confidentiality of Stu	ident's personal partici	ulars and undertakes	not to divulge the info	ormation to

SAFRM STD055- Customer Service Feedback Ver. 3.0 (Updated 03/01/2025)

School Address : 1 KAY SIANG ROAD LEVEL 11, #10-02, #09-01, #04-02 (Former MOE Building)

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any third party unless required by law or other statutory regulations.

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PEI Registration No #200300756Z (3/6/2022 - 2/6/2026)