

**IBRAHIM SAAD LEARNING HUB LIBRARY, UNIKL MICET**

**FEEDBACK FORM**

*Please use this form to tell us about your feedback—so we can see if we are able to help you. If you have any difficulties in fill up this form, please contact us at* ***06-5512070***

Please give your details:

I am: (Please tick (/) in appropriate box)

Student Staff Supplier/Contractor Others

Name:

ID/IC No:

Please tell your ***Feedback*** regarding library matter:

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Signature: Date:

**For Library Reference Only**

Received by (Library Staff Name):

Date:

Action taken for above ***Feedback***:

Action taken by: Date:

Name: Designation:

**For Library Reference Only (Reply Slip)**

Received by (Library Staff Name):

Date:

Action taken for above ***Feedback***:

Action taken by: Date:

Name: Designation: