



TUNKU AZIZAH KNOWLEDGE CENTRE
IBRAHIM SAAD LEARNING HUB

LIBRARY FEEDBACK FORM

Please use this form to tell us about your feedback—so we can see if we are able to help you.

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

Student Staff Supplier/Contractor Others

Name: _____

ID/IC No: _____

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

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: _____