



Risk Management,  
Compliance, and Audit Office

## Feedback/Inquiry Form

<b>Full Name</b>	
<b>Department/Unit</b>	
<b>Position</b>	
<b>Telephone No.</b>	
<b>Classification</b>	<input type="checkbox"/> Student <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Administrator <input type="checkbox"/> Alumni <input type="checkbox"/> Visitor
<b>Email</b>	
<b>Date Feedback or Inquiry</b>	<hr/>
<b>How did you find out about our Feedback Program?</b>	<input type="checkbox"/> Website <input type="checkbox"/> Posters <input type="checkbox"/> Tarpaulin <input type="checkbox"/> News Ads <input type="checkbox"/> Word of mouth, specifically from: _____
<p>The RMCA Office assures that your identity will be kept confidential. However, we will require that you provide at least one contact information so we can get in touch with you for details and to update you on the resolution of your feedback. Thank you very much!</p>	