



Risk Management Center

Competition Support Unit

## Feedback Assessment 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 checked="" type="checkbox"/> Alumni... <input type="checkbox"/> Visitor...
<b>Email</b>	
<b>Date</b>	
<b>Feedback</b>	
<b>How did you come out about Feedback Program?</b>	
<b>The RMC Office assures that your identity will be kept confidential. We will use the information so we can get in touch with you for future use to improve the resolution of your feedback. Thank you for your participation!</b>	