COMPLIMENTS FORM



Contact details (optional)

Title: ……………………..……………………..……………………..……………………..……………………..………

First name: ……………………..……………………..……………………..……………………..……………………..………………

Surname: ……………………..……………………..……………………..……………………..……………………..………………

Email address: ……………………..……………………..……………………..……………………..……………………..……………..

Contact number: ……………………..……………………..……………………..……………………..……………………..………………

Date: ……………………..……………………..……………………..……………………..……………………..………………

Details of your compliment:

Department being complimented:

……………………..……………………..……………………..…………………….

Person being complimented:

……………………..……………………..……………………..……………………..…………..

Once completed, please submit this form, along with any supporting documentation, to

[quality@petroc.ac.uk](mailto:quality@petroc.ac.uk)