

Note: Clients, Employees, Volunteers please forward completed form to a staff member.
Staff: Forward completed form to Service Coordinator

Document No: _____

Section 1: TO BE COMPLETED BY THE PERSON SUGGESTING THE IMPROVEMENT

HOW DO YOU THINK CAN WE MAKE AN IMPROVEMENT?

(Attach extra pages if needed)

WHAT DO YOU THINK WE CAN DO ABOUT YOUR IDEA?

SUGGESTED BY: _____ **DATE:** _____

YOUR CONTACT DETAILS: _____

SECTION 2: FOR OFFICE USE – TO BE COMPLETED BY COORDINATOR OR EXECUTIVE OFFICER.

ACTION TO BE TAKEN TO MAKE CHANGE OR IMPROVEMENT:

APPROVED BY: _____ **DATE:** _____