



IMPROVEMENT SUGGESTION FORM

FM-MIS01

This form is to be completed by any associate of The Tertiary PLACE, who believes there could be an improvement to our service in some way. This form can be posted into The Tertiary PLACE office or delivered to any staff member. You will receive a formal response within two weeks. This forms part of our Continuous Service Improvement Plan.

Name of person suggesting improvement		Date:
What do you feel needs improvement? <i>(Attach additional sheets if required)</i>		
What are your recommendations? <i>(Attach additional sheets if required)</i>		
OFFICE USE ONLY		
Staff Responding:	Method: Written Verbal	
Written response: <i>(Attach copy of correspondence)</i>	Date:	
Verbal Response: <i>(Include key points of discussion)</i>		