

***Your Views Count:* SUGGESTIONS & COMPLIMENTS REPORT FORM**

Area, Location or Individual: _____

Topic: (Staff recognition, Programming, New initiative, Event or activity, Building, etc.)

Report completed by:

<input type="checkbox"/> Client	<input type="checkbox"/> Staff
<input type="checkbox"/> Client Parent/Guardian	<input type="checkbox"/> Volunteer/Visitor
<input type="checkbox"/> Client Representative	<input type="checkbox"/> Other: _____

Suggestion or Comment (use reverse side of form if more space required)

Date

Signature

Do you wish to be contacted for additional information? Yes No

If so, please provide email or phone number: _____

*Signature of Person Making Report
on behalf of another (if differs from person writing report)

Signature of Person Receiving Report

Follow-up: (office use)

Copy of Suggestions Report form sent to CEO and/or Director