

COMPLAINT / SUGGESTION FORM

Name <i>You are not required to supply a name if you wish to remain anonymous. All complaints and suggestions are considered but without a name and contact information we cannot inform you directly of the outcomes, nor seek additional clarifying information.</i>	
ID Card Number	
Employee Number (if applicable)	
Contact Phone Number	
Postal and/or Email Address	
Suggestion/ Complaint/ Observation/Risk Identified	<i>In the row below, please provide a detailed description of your suggestion, complaint, observation, or a risk identified. Please be as specific and descriptive as possible. Where appropriate, please provide names, date and time, locations, evidence, and details.</i>
Suggestion to Redress Issue or Possible Improvement	<i>In the row below, please provide please provide a detailed description of your suggestion for redress, remediation, improvement, or appropriate steps to address a root cause of a problem</i>

Thank you for helping to improve our operations and services!

For Use by SMS

Comments by Manager / GM SMS

1. Root Cause(s) of Observation
2. Action(s) Recommended with Responsibility to Execute with Time Line
3. Preventive Measures with Responsibility and Time Frame
4. Comments by COO SMS (if Required)
5. Feedback to the complaint (In writing or Email)

All submissions will be handled respecting the confidence, privacy, and dignity of the submitting party. All non-anonymous submissions will receive expeditious feedback.