



Suggestion Form

Please complete the form with your suggestion/s below and return to us via email, suggestion box located in each office, by post to PO Box 692 Clare SA 5453 or in person. If you would like a response, please include your name at the bottom.

My suggestion is:

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Name: (optional)

Date: Telephone:

Suggestion Form

Director of Operations sign off:

Contents noted and action taken: Signed: Date:

Improvements noted on Quality Improvement Plan Yes No Comment

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