

# **SUGGESTION FORM**

Your Ideas Count!

Suggestion: \_\_\_\_\_

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**I believe my Idea will:**

- |   |  |
|---|--|
| <input type="checkbox"/> Prevent Accidents      | <input type="checkbox"/> Increase Productivity |
| <input type="checkbox"/> Improve Quality        | <input type="checkbox"/> Reduce Costs          |
| <input type="checkbox"/> Improve Service        | <input type="checkbox"/> Save Time             |
| <input type="checkbox"/> Improve Morale         | <input type="checkbox"/> Prevent Waste         |
| <input type="checkbox"/> Other: (specify) _____ |  |

**Submitted by: (optional)**

\_\_\_\_\_

**Date:** \_\_\_\_\_

**Dept.** \_\_\_\_\_

**THANK YOU FOR YOUR SUGGESTION!**