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| Instructions |

Thank you for taking the time to fill out an Improvement request form.

BizOps Enterprises appreciates any feedback concerning its operation and practices. The Improvement request form will be considered at the next quality review meeting and you will be advised of what outcome was taken in relation to your request.

Please complete Section 1 of the request form (which appears on the next page) and forward it to:

Chang Lin  
Business operations manager  
BizOps Enterprises  
Sydney NSW 2000

Alternatively, you may e-mail the form to clin@bizops.com.au or fax it to our office on 5555 5555.

Should you wish to make a complaint about a person or an incident, use the Organisational complaints form, which is also available on the intranet.

Thank you for taking the time to communicate your concerns and preferences to BizOps Enterprises.

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| --- | --- | --- | --- |
| Improvement request | | | |
| Log no. |  | Date |  |

Section 1 – Initiator to complete

[ ] Improvement request

[ ] Edit procedure / Form:

[ ] ***(copy of procedure/form attached detailing edits requested)***

Staff member lodging improvement request:

**If not a staff member:**

Request made by [ ] client [ ] community member [ ] supplier

[ ] other:

Request received by [ ] phone [ ] personal contact [ ] written

Date received:

Name:

Street address:

Suburb: Postcode: Phone:

**BizOps staff member receiving request:**

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| Explain improvement/problem (attach documentation, e.g. procedure, if required) |
| Suggested action (attach documentation in required) |

Section 2 – Manager to complete

|  |  |  |
| --- | --- | --- |
| Immediate action taken | | Date of action: |
| Manager taking action: | Signature: | |
| Has the initiator been informed of this action? (circle) YES NO  If NO, why not? | | |
| Is the initiator satisfied with the organisation’s response? YES NO  If NO, why not?  Further action (if required): | | |
| Long-term systems improvement  Recommendations: | | Date of action: |
| Actioned by manager: | Signature: | |