



RESIDENT SUGGESTION/COMMENTS/QUESTIONS/RESOLUTIONS FORM

DATE: _____

NAME WILL NOT BE ANNOUNCE AT

NAME: _____

THE MEETING UNLESS THIS BOX IS

ADDRESS: _____

CHECKED

CONTACT PHONE#: _____

DESCRIPTION OF SUGGESTION/COMMENT/QUESTION (PLEASE ATTACH ADDITIONAL PAGES IF NEEDED): _____

HOW CAN WE RESOLVE THIS SITUATION?

RECEIVED BY: _____

DATE: _____

CORRECTIVE ACTION

FORWARDED TO: _____

DATE FORWARDED: _____

(SECTION BELOW TO BE FILLED OUT BY THE BOARD OF DIRECTORS)

DESCRIPTION OF ACTION TAKEN (PLEASE ATTACH ADDITIONAL PAGES IF NEEDED): _____

RESIDENT ADVISED: YES NO (CIRCLE ONE)

SIGNATURE & TITLE: _____

DATE CLOSED: _____