



Suggestion/Concern Form

Serial Number:
(For Office Use)

Today's Date: _____

Request Type Suggestion Concern

Issue Type

- | | | |
|--|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Operations & Security | <input type="checkbox"/> Services | <input type="checkbox"/> Behavior |
| <input type="checkbox"/> Event | <input type="checkbox"/> Religious | <input type="checkbox"/> Dawah |
| <input type="checkbox"/> Communication | | |

Please describe your Suggestion/Concern:

Date and Time of the Event/Incident: _____

Please provide some background/information which may/will help:

Please list the Benefit of this Change:

Are You Expecting Feedback? Yes NO

If Yes, Please provide contact details:

- Phone:** _____
- Email:** _____
- Mail:** _____

Do You Have Ability/Resources implement the Suggestion?

- Yes NO

Can you help us implement the Suggestion?

- Yes NO

Suggestion/Concern Form



For Administrative Purpose:

Serial Number:

Received date: _____

Acknowledgment date: _____

Acknowledgement note to the Requestor:

Committee Assigned:

Operations Community Development Youth
 Marketing Imam Dawa Communications

Expected Time Frame the issue should be addressed:

Within a Week 1 – 4 Weeks 1 – 6 Months Within a Year

Approved by: _____

Action Taken Yes NO

Action Date: _____

Action Taken:

Reason for Rejection:

Cost incurred to implement this: \$ _____

Time taken to implement: _____

Feedback Provided to Requestor: Yes NO

Feedback Provided By: _____

Requestor Satisfied: Yes NO