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OFFICE USE ONLY

HYS NUMBER:

CONTACT PERSON:

RESPONSE BY:

HAVE YOUR SAY

RETURN TO: TNQT BUSINESS IMPROVEMENT UNIT
PMB 1 CAIRNS QLD 4870 PH: 07 4042 2435. FAX: 07 4042 2680

◆ I wish to request/advise you

Multiple horizontal lines for writing a request or advice.

(If insufficient space, please attach additional information)

◆ I have already notified _____

◆ I offer the following suggestions _____

Additional horizontal lines for suggestions.

We would like to be able to contact you to advise the action we have taken or, if necessary, to discuss this issue further. Please complete the details below (optional) and place form in box provided, or return it to the Business Improvement Unit.

Name: _____ Student

Address: _____ Staff

Phone: _____ Visitor

Signature: _____ Date: _____

If your comments are of a sensitive nature, a strict code of confidentiality will be observed. Please enclose in an envelope marked "Private and Confidential".

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