

**GOLDEN WEST CENTENNIAL LODGE**

**SUGGESTIONS FOR IMPROVEMENT**

**NAME:** *(optional)* \_\_\_\_\_ **DATE:** \_\_\_\_\_

**TO: Department / Individual** *(optional)* \_\_\_\_\_

**COMMENTS:**

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<b>Date Reviewed:</b> _____
<b>CQI Coordinator:</b> _____
<b>Suggestions Delivered – Date:</b> _____

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