WAYNESBORO LEGION HOME ASSOCIATION

SUGGESTION/INCIDENT FORM

www.waynesborolegion.com

TODAY'S DATE: _____ YOUR NAME: _____ PHONE: _____
(OPTIONAL) (OPTIONAL)

DATE AND APPROX TIME OF INCIDENT OR COMPLAINT: ___/___/___ am/pm

DATE RECEIVED BY BOD: _____
(Manager/BOD receive Date)

Area Of Concern: Bar ( ) Kitchen ( ) Another Member ( ) An Employee ( ) Other ( )

PLEASE EXPLAIN YOUR INCIDENT AND OR SUGGESTION:

SIGNATURE: (OPTIONAL) _____

PLEASE HAND IN FORM TO THE BARTENDER WHO WILL IN TURN FORWARD IT TO THE MANAGER OR PLACE IN COMPLAINT BOX