



Suggestion Feedback Form

This form is to provide a method of feedback to participants in the Okaloosa County Suggestion Program. It will also provide the information required by the suggestion committee to adequately evaluate suggestions brought before them. It will be completed by the department director within 30 days of receipt of a suggestion. Whether or not a suggestion is forwarded for further consideration, it is important for the employee to receive encouragement for the extra effort required to put forth a suggestion. Additionally, even if a suggestion is not forwarded, it is important that adequate feedback is provided to the employee so they may better understand the logic behind the way things are done and can therefore accomplish their job with greater motivation and understanding.

_____	_____
Employee	Department
_____	_____
Date Suggestion Received	Date Suggestion Reviewed

I have reviewed your suggestion and I have/have not found it to be a viable option for implementation for this department for the following reasons:

I would suggest the following changes to make this suggestion viable:

I believe this suggestion will save the county _____

This suggestion does not produce a tangible dollar return. However, I believe it is valuable in terms of improved morale or working conditions. I therefore recommend the award of \$ _____ or _____ hours time off.

_____	_____
Employee Signature / Date	Department Director Signature / Date

Disapproved

Forward to Suggestion Committee

County Administrator Signature / Date