



IMPROVEMENT SUGGESTION FORM

PURPOSE

Have you improved the way you do something, or do you have an idea that could lead to improvements? Sharing your suggestions could lead to improvement of processes and activities by others, could lead to savings in time and money, and encourages and promotes best practice.

This form can be used to identify any improvements to the Corporation's systems, processes, products and services, such as:-

- Working environment;
- Customer services and quality;
- Identifying/documenting of processes and procedures not currently in the Corporation's system;
- Streamlining existing processes or procedures to improve efficiencies
- Identifying new work practices or efficiencies
- Communication channels;
- Savings in time, materials, money etc.

The Corporation's employees are to note that the improvement Suggestion scheme is not a complaints or grievance scheme - please refer to the Corporation's Code of Conduct for these matters.

YOUR INFORMATION

The information below is optional, and will be kept confidential. Your privacy and the confidentiality of your 'personal information' are important to us. We are committed to protecting your privacy by responsibly collecting, using, storing and disclosing the personal information we may hold about you in a manner consistent with the Corporation's Privacy Policy. For more information about our Privacy Policy, please contact us or refer to the Corporation's website.

Please identify your relationship with Port of Townsville Limited:-

- Internal Employee Port User Visitor
 Service Provider Resident Other _____

Title	Surname	Given name/s
<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Company/Organisation (if applicable)	Position held (if applicable)	
<input type="text"/>	<input type="text"/>	
Postal address	Phone number	
<input type="text"/>	<input type="text"/>	
Mobile	E-mail address	
<input type="text"/>	<input type="text"/>	

PROCESS OWNER/RESPONSIBLE OFFICER (for an existing process if known)

DETAILS OF IMPROVEMENT SUGGESTION (attach additional pages if necessary)

© Port of Townsville Limited A.C.N 130 077 673	Document Type	Template/Form	Document No.	POT 1020-050002
Only electronic copy on server is controlled. To ensure paper copy is current, check revision number against entry in Qudos - Master Document List			Revision	1
			Date	10/06/2011
			Page	1 of 2

SUPERVISOR/MANAGER'S COMMENTS

Signature: _____

Date: _____ / _____ / _____

Once completed, this form should be sent to the Corporation's Marketing and Customer Relations Officer in any of the following ways:-

Deliver to:-

Mail to:-

Fax to:-

Email:-

Marketing and Customer
Relations Officer
Administration Office
Benwell Road
Port of Townsville

Marketing and Customer
Relations Officer
Port of Townsville Limited
PO Box 1031
Townsville Q 4810

(07) 4781525

You can complete the form and
email to macro@townsville-
port.com.au

TO BE COMPLETED BY MARKETING AND CUSTOMER RELATIONS OFFICER

Action required:-

- Send acknowledgement notice to submitter (within 3 days) _____ / _____ / _____
- Submit to process owner (within 3 days) _____ / _____ / _____
- Provide feedback to submitter on decision (within 10 days) _____ / _____ / _____
- Management review meeting _____ / _____ / _____

Description of action being taken:-

Signature: _____

Date: _____ / _____ / _____

© Port of Townsville Limited A.C.N 130 077 673	Document Type	Template/Form	Document No.	POT 1020-050002
Only electronic copy on server is controlled. To ensure paper copy is current, check revision number against entry in Qudos - Master Document List			Revision	1
			Date	10/06/11
			Page	2 of 2