Administrative IGA
Process Improvement Form

Date the Process Improvement Form was Received_____
Person Submitting the Form_____ Phone #_____
Board Member Receiving the Form_____
Date the Form was sent to Board President_____
Date the Form was sent to the Chief / Director_____

TO BE COMPLETED BY THE PERSON SUBMITTING CONCERN OR SUGGESTION

Please provide a description of your concern or suggestion. If additional space is needed please write on the back of this form._____

Please provide a recommendation about what you believe a good solution would be to address this concern or suggested improvement._____

TO BE COMPLETED BY MEMBERS OF THE ADMINISTRATIVE IGA SUB-COMMITTEE

Sub-Committee Recommendations and Actions Taken to Implement the Recommendations

Disposition: No action required____ Forward to WLAD and SVFR Board President_____

Date the performance improvement form was sent to the WLAD Board President_____
Date the performance improvement form was sent to the SVFR Board President_____