

## **Compliments, Comments & Concerns**

Working together means communicating and willing to be a part of the solution. Please feel free to complete this form so that we can work together to provide the BEST program for the GIRLS. If you need more room, please attach a word document when you email it in.

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Item of Interest:		
Thoughts and Comments:		
1.		
2.		
Name:		
Telephone#: ( Email address:		
Service Unit #: Reg	gion:	Troop #
Please submit to boardchairandceo@gsmists.org		
or drop off at/mail to Grand Rapids Service Center: 3275 Walker Ave NW, Grand Rapids, MI 49544		
Office Use Only		
Date Submitted:Tra	acking #:	Follow-up Date:
Board ChairCEO	_Person handling	
Action taken:		Date: