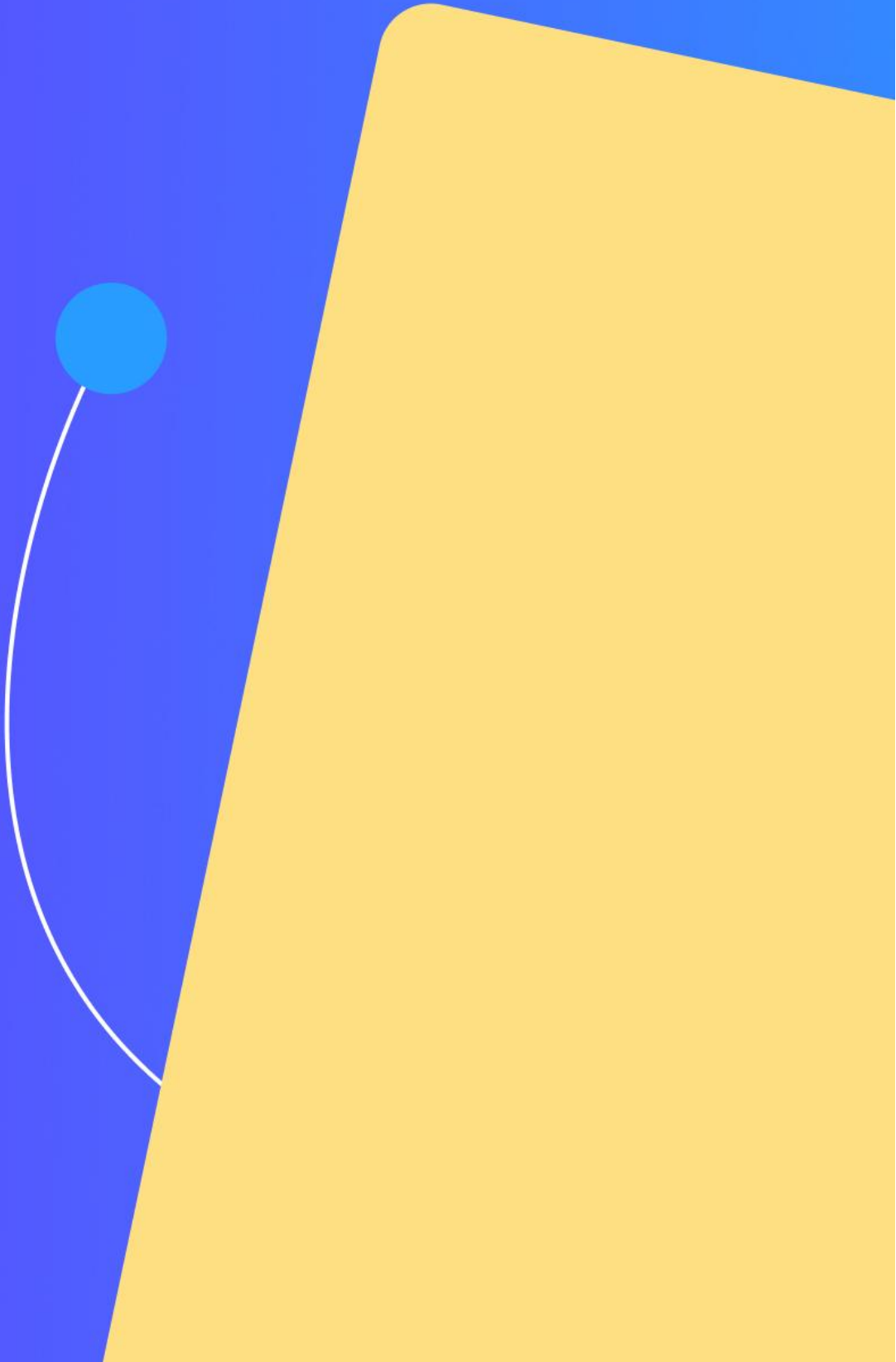


# Suggestion Box Form



# Suggestion Box Form

Employee Name: \_\_\_\_\_

Department: \_\_\_\_\_

Date: \_\_\_\_\_

## Suggestion Details

1. Suggestion Category: (Select one)

Process Improvement

Workplace Safety

Employee Wellness

Company Culture

Cost-saving Ideas

Other (please specify) \_\_\_\_\_

2. Description of Suggestion:

[Text box for employee to provide a detailed description of the suggestion]

3. Potential Benefits:

[Text box for employee to describe the potential benefits and impact of their suggestion]

4. Implementation Plan:

[Text box for the HR team to outline the steps required for implementing the suggestion]

5. Anonymous Submission:

Yes  No

[Note: If employees wish to submit their suggestion anonymously, provide an option to do so]

6. Contact Information:

[Text box for employees who want to be contacted for further discussion or follow-up]