



Suggestion Report

Quality Improvement

Suggestion No.

Suggestion Date

Suggestion of Department.....

Suggestion for Process / Method

Present Method / Procedure.....

.....

Why Change needs?

.....

Present Method / Procedure.....

.....

Reasons of implementation

.....

Supporting Documents:

1. _____

2. _____

3. _____

4. _____

5. _____

Suggested by

Employee

Department

Sign.

Report Present by..... Sign..... to..... Sign.....

Verified by.....

Approved by.....