

If you need further assistance filling out this form, please fill in your name, check the box to the left and turn it in. You will then be contacted.

Si necesita mas asistencia para llenar esta forma, por favor escriba su nombre debajo de la forma y a lado derecho marque una X dentro del cuadro. Despues coloque la forma adentro del 'SUGGESTION BOX' (La Caja de Sugerencia), y sera contactado.



Bay Ship Voice  
Suggestion Program

## Suggestion Submission Form

Suggestion No:

Suggestion Title:

Benefit Category:

Safety

What do you suggest?

How do you think it could be implemented?

Please check one:

Customer

or

Employee

Submitted by:  
(Sometido por:)

Date:  
(Fecha:)

How would you like to be contacted?

Email:

Cell Ph:

( ) -

w/ pay stub

Mailbox

by my Lead: