

IMPROVEMENT SUGGESTION FORM

PURPOSE

Have you improved the way you do something, or do you have an idea that could lead to improvements? Sharing your suggestions could lead to improvement of processes and activities by others, could lead to savings in time and money, and encourages and promotes best practice.

This form can be used to identify any improvements to the Port of Townsville Limited’s (POTL) systems, processes, products and services, such as:-

- Working environment;
- Customer services and quality;
- Identifying/documenting of processes and procedures not currently in the Corporation’s system;
- Streamlining existing processes or procedures to improve efficiencies
- Identifying new work practices or efficiencies
- Communication channels;
- Savings in time, materials, money etc.

POTL’s employees are to note that this improvement Suggestion process is not a complaints or grievance scheme - please refer to the POTL’s Code of Conduct for these matters.

YOUR INFORMATION

The information below is optional and will be kept confidential. Your privacy and the confidentiality of your ‘personal information’ are important to us. We are committed to protecting your privacy by responsibly collecting, using, storing and disclosing the personal information we may hold about you in a manner consistent with POTL’s Privacy Policy. For more information about our Privacy Policy, please contact us or refer to the POTL’s website.

Please identify your relationship with POTL:-

- | | | |
|--|------------------------------------|----------------------------------|
| <input type="checkbox"/> Internal Employee | <input type="checkbox"/> Port User | <input type="checkbox"/> Visitor |
| <input type="checkbox"/> Service Provider | <input type="checkbox"/> Resident | <input type="checkbox"/> Other |

Title	Surname	Given name/s
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Name of Company/Organisation (if applicable)		Position held (if applicable)
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>
Postal address		Phone number
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>
Mobile	E-mail address	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	

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			Date	23/09/2019
			Page	1 of 3

PROCESS OWNER/RESPONSIBLE OFFICER (for an existing process if known)

DETAILS OF IMPROVEMENT SUGGESTION (attach additional pages if necessary)

SUPERVISOR/MANAGER'S COMMENTS

Signature: _____

Date: ____/____/____

Once completed, this form should be sent to POTL's Media & Marketing Officer in any of the following ways:-

Deliver to:

Mail to:

Email:

Manager Corporate Affairs
Administration Office
Benwell Road
Port of Townsville

Manager Corporate Affairs
Port of Townsville Limited
PO Box 1031
Townsville Qld 4810
Australia

community@townsvilleport.com.au

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			Page	2 of 3

TO BE COMPLETED BY MANAGER CORPORATE AFFAIRS

Action required: -

- Send acknowledgement notice to submitter (within 3 days) _____ / _____ / _____
- Submit to process owner (within 3 days) _____ / _____ / _____
- Provide feedback to submitter on decision (within 15days) _____ / _____ / _____
- Reported to Management Group meeting _____ / _____ / _____

Description of action being taken:

Signature: _____ Date: _____ / _____ / _____

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