Employee Suggestion Form

1.Name*_____Department*_____
*Optional. You may choose to remain anonymous, but anonymous suggestions are not eligible for rewards.

2. Check the area (s) the suggestion addresses:

☐ Cost Savings ☐ Quality of care ☐ Productivity

☐ Process improvement ☐ Revenue-Generation ☐ Employee morale improvement

3.Suggestions:_____
_____
_____

4. Explain how this suggestion will impact the organization:_____
_____
_____

5. Explain how the suggestion should be implemented:_____
_____
_____

6. Who should be responsible for implementing the suggestion:_____
_____
_____

	Yes	No
7. Will this suggestion, if implemented, result in cost savings?	☐	☐
Will it result in improved revenue?	☐	☐

If yes estimate the dollar or revenue amount of cost savings & explain how either will be achieved:

_____
_____
_____