**Council feedback report**

The following concerns arose at the meeting on the following date ( ).

Please fill out the [Operator feedback report](#_bookmark12) and identify the steps planned or taken towards resolution for each of the items listed below and any items outstanding from other meetings. Return the form to me by [insert date] and be prepared to present it at our next council meeting.

1. Description of concern:
2. Description of concern:
3. Description of concern:
4. Description of concern:
5. Description of concern:

Thank you for helping resolve our concerns.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| ***Submitted by:*** |  | | | | | | |
| Council representative name |  |  |  | Signature |  |  | Date |
| ***Received by:*** |  |  |  |  |  |  |  |
| Name of home operator/manager  or facility representative |  |  |  | Signature |  |  | Date |