**Operator feedback report**

Below is a list of responses to concerns from the meeting on the identified date.

**Date of meeting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. Description of concern:

Action:

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

1. Description of concern:

Action:

1. Description of concern:

Action:

1. Description of concern:

Action:

Please let me know when you next need an update on any outstanding items.