

Volunteer Views & Vision

Date Received _____

Any comment, idea, or concern submitted on this form will receive a response in writing or by telephone within 5 working days of receipt. Return to Girl Scouts of Michigan Trails, 3275 Walker Avenue NW, Grand Rapids, MI 49544.

Comments:

With whom have you spoken about this issue? _____

When _____

Your Name _____

Neighborhood _____

Address _____

City _____ State _____ Zip _____

Phone - Home () _____ Work () _____

Email _____

Department assigned to respond: CEO Membership Camp/Outdoor Education Product Sales
Program Training Business Support Volunteer Services Other

Response:

Staff Signature _____ Response Date _____

Response by mail _____ Response by phone _____ Time _____

Action taken _____

Cost _____