Advisory Feedback Form

# PURPOSE

*This form is intended to be used to gather information from water system staff and other agencies about the advisory protocol and process.*

# DIRECTIONS

*Each participating agency or organization should complete the information below. Remove the identifying data and compile the results. Use the data to update and modify advisory protocols.*

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Advisory Incident:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency/Division:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Role in Advisory:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**From your perspective, what three things were done best? (What went right?)**

**Based on your experience, list three improvements needed.**

**Identify action steps that could address these improvements.**

**List plans, procedures, or communication issues that need revision or development.**

**Was all the appropriate information needed to assess or evaluate the advisory collected properly? If not, what is missing and should be collected next time?**

**Please provide additional comments.**