



Name _____ District # _____

Phone # _____ Email _____

1. Are you a member of SEANC? _____

2. What State Agency do you work for? _____

3. List any concerns that you have regarding your agency’s policies and procedures relative to your job responsibilities, staff, clients, and other matters, along with solutions that you think would aid these concerns:

Your information will remain confidential at your request if you **check the box below**. A SEANC member may contact you for further explanation if necessary to begin the process of addressing your concerns to remain a valuable state employee and SEANC member regardless of your answer below.

Keep My Name Confidential