



We Welcome Your Suggestions!

What did we do well?	How ca	n we improve MIC Services to you and your family?
Please provide your comments regarding experience with MIC Ad Hoc Committee ar telephone number, and a preferred time for	nd or the Board	
Name:	Phone:	Date/Time
Thank you for being a Member of	f MICI and takin	g time to provide feedback.

Please place your Suggestion Form in the Comment Box. This will be collected by the Board of Trustees Bi-weekly. By providing your personal information, you have given expressed consent to MICI management to call you via phone.