

Jewish Community Center of Greater Kansas City

Member Feedback & Resolution Appeal Form

Member Name _____ Phone _____

Address _____ Work Phone _____

City _____ State _____ Zip _____

E-mail _____ Date of incident (if applicable) _____

Feedback:

Continue on back...

Suggested Resolution:

Continue on back...

Signature _____ Date _____ / _____ / _____

**FORWARD THIS FORM IN A SEALED ENVELOPE TO THE JEWISH COMMUNITY CENTER,
ATTN: Executive Director, 5801 W 115th St., Overland Park, KS 66211**

For Office Use Only	
Date received _____ / _____ / _____	Follow up required? YES / NO
Actions/Taken: _____	

