Contractor/Supplier Suggestion or Idea for Improvement Form



Improvement Title:	(Concisely name	the topic)
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Improvement Title: (Concisely name the topic)
Problem Statement : (What is the nature of the problem needing solution or the opportunity for improved practice? Is this a concern on multiple projects and/or with multiple contractors?)
Proposed Modification, Changes or Solution: (What do you propose to solve the problem or make a meaningful improvement?)
Benefits: (How would change or improvement benefit the Department of Transportation, Contractors stakeholders and/or customers?)
Urgency: (How soon should this be initiated or completed to be useful? Why?)
Follow Up: (Do you want to be contacted? Are you willing to participate in improvement discussion meetings? Is there a need to form a DOT/Contractor improvement team?)
Submitted By:

Name:

Title:

Organization:

Address:

City, State, Zip Code:

Phone/Fax:

E-mail Address:

Email completed form to: DOTOperationsSupport@state.sd.us