

## **GRAYS HARBOR COUNTY 4-H**

## "Care to Share Form"



This form has been designed to provide valuable input to the Grays Harbor 4-H program. Once completed, this form will be distributed to the appropriate individual or group to address the issue or concern. Please take a few moments and complete all three sections of this form and sign it. *Forms without all three sections completed and a signature will be disregarded.* 

SECTION #1: D	Describe the current situation:
SECTION #2: D	Describe the problem with the current situation:

SECTION #3: Give your suggestion(s) for a possible solution:
Diagon Brigat
Please Print:
Name of person completing form:
Address of person completing form:
Phone number of person completing form:
E-mail address of person completing form:
Signed:
Dated:

Please return completed forms to:

GRAYS HARBOR 4-H PO Box 3018 Elma, WA 98541



Created by John DeMontmollin (2009) Revised in 2011 by Dan Teuteberg. Extension programs are available to all without discrimination. Evidence of noncompliance may be reported through your local Extension office.