

PALMERSTON AND LITCHFIELD SENIORS ASSOCIATION INC.

<p>In your opinion; were the actions taken at the time, by the Committee Members fair and reasonable?</p>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	If no; could you please explain your position further?			
	Witness Signature:	<i>Signature:</i>		<i>Date:</i>

PLSA ADMINISTRATION

Date Received by President:	_____ /2023
Date addressed by Committee Meeting:	_____ /2023
Incident Report Number:	