

Let PIF be YOUR messenger!

Fill out the inside of this PIF to help us keep improving our services for you, our most valuable asset.

At Danville Area Community College, we strive to provide quality education and services for our students, parents, alumni, friends, supporters, employers, employees of the College, elected representatives, officials, and the citizens of the Danville area.

Every service provided at DACC is delivered through a process. For example: A student may receive a scholarship through the financial aid process. By improving the processes through which services are provided, we can best meet or exceed YOUR service needs and expectations.

By completing a Process Improvement Form, or PIF, you can help us identify ways to improve our services for YOU, our valued customer. Your PIF will be sent to a special team for consideration and action.

We appreciate YOUR ideas, suggestions, and comments. Use PIF to tell us how we can better serve YOU and where we need to focus our improvement efforts.

***Send your PIF to Ryan Wyckoff,
Continuous Quality Improvement
Coordinator, 443-8727, Clock Tower Center.***



Danville Area Community College
ATTN: Quality Improvement Coordinator
2000 East Main St.
Danville, IL 61832



**Team DACC: WHERE YOU HAVE A
CHOICE...BY USING YOUR VOICE!**

*Continuous Quality Improvement
Achieving The Dream*

PIF The Danville Area Community College

PROCESS IMPROVEMENT FORM



DATE SUBMITTED: _____

PROCESS IMPROVEMENT FORM (PIF) DANVILLE AREA COMMUNITY COLLEGE

About New Services . . .

Tell us what new activity, process, or service you think should be pro-
vided by Danville Area Community College.

About Improving Services . . .

Tell us what activity, process, or service you think could or should be improved at Danville Area Community College.

Why do you think it could or should be improved?

What suggestions can you make for improving the above?

**NOTE: If you need additional space, please attach
a separate sheet to your PIF.**

Give reasons or facts illustrating need for improvement . . .

Tell us date, location, description of occurrence.

About YOU . . .

(check one):

Administration/Staff Faculty Support Staff

NOTE: Please provide the information below so that if we have questions about your PIF or want to tell you what action will be taken, we will be able to get in touch with you. Signing your name is optional and is a way for questions or follow up.

NAME: _____

DEPARTMENT: _____ PHONE: _____

Send your PIF Form to:

Ryan Wyckoff, Continuous Quality Improvement Coordinator,
443-8727, Clock Tower Center