

Quality Assurance Suggestion Form

1) Personal Information

This is optional and will be held confidential; it will be used if we need to ask follow up questions.

Name: _____ Organization: _____

Email: _____

2) Suggest A Change

- Please use a **separate form for each suggested change**.
- Information about the current quality assurance framework is available at www.lightingafrica.org/qa-stakeholders
- Use the "QA Summary Table" to identify the aspect and program element that matches your proposed change.

What aspect is the change related to most closely?

Choose One:

Other: _____

What program element does the change deal with?

Choose all that apply: Test Methods Standards Targets Communication

Other: _____

What is the specific change you propose?

Why do you think it is a good change (i.e., what is the rationale)?

3) Submit by clicking here

(or save the form with a new filename and send to qualityassurance@lightingafrica.org by Jan. 16th)