

MISSISSIPPI HOME CORPORATION
AOD/COL
FEEDBACK FORM

_____, **20**____
(month/day)

Complete the following information in regard to the development in which the problem was encountered. If the same problem was encountered when entering data for multiple sites, then list each site and provide examples, if applicable.

Development Name:			
Development Number:			
Owner:		Phone:	
Manager/Contact*: <i>Person to contact to discuss this issue</i>		Phone:	

1. Briefly describe the problem(s) you encountered when trying to enter data into the AOD/COL system? _____

2. How long have you been encountering this problem?_

____ Often (more than three times daily) ____ Not often ____ Rarely (first occurrence)

3. Additional Comments. _____
