**L – 12 Service Excellence Council**

Nominee Council Name:

Team Member Names: *(List them separated by a comma)*

Name of Organization:

Nominated By:

Approved by Service Excellence Council? □ Yes

A. Provide a brief snapshot of “why” the council is being nominated.

*Perhaps tell some of the creative ways this Council has demonstrated leadership. Describe how they’ve made the Service Excellence Initiative come alive for the whole organization.*

B. How has the Service Excellence Council made a difference?

*How has the Council spearheaded the Change process? Were they especially influential during the transition phase from the old way of doing things to the new, service-inspired model?*

C. How and what impact has the Council had on patient/customer satisfaction?

*Describe goals and vision they helped articulate. List accomplishments so far. Got stats? Survey results you’re proud of because of Council’s leadership? Quotes from patients/customers and other staff?*

D. How and what impact did the Council have on improving employee morale and the culture of their environment?

*Directly or indirectly, how did the Council’s advocacy for excellence in service to patients and to one another provide the catalyst for improved morale and a re-vitalized culture?*

E. What impact has this Council had on improving the community perception of the organization?

*Please provide specific details.*

F. What behaviors define your Council as exceptional?

*What do they do? (Not just ‘What do they say?*’) *Cite visible behaviors, however subtle, please.*

**This nomination, with supporting documentation (if applicable), should be sent via email to** [info@hcsecawards.com](mailto:info@hcsecawards.com) **once approved by the Service Excellence Council.**