

Stakeholder Consultation Record

Consultation Details

Consultation Date*: _____

Consultation Topic*: _____

Consultation Method*: _____
Options: Meeting, Email, Phone, Survey, Workshop, Other

Purpose / Objective: _____

Location: _____

Stakeholders

Stakeholders Involved

Name	Role	Organisation	Email	Phone

Discussion & Outcomes

Issues Discussed: _____

Agreed Actions:

Action	Responsible Person	Due Date	Status

Options for 'Status': Open, In Progress, Closed

Confirmation

Facilitator Name*: _____

Facilitator Signature*: _____ (Sign above)

Date Signed*: _____

Version Authorised by Review # Date of Issue: Review Date: 1