

For Office Use Only:

PERSON(S)/DEPARTMENT/TEAM RESPONSIBLE FOR ISSUE/CONCERN:

***Issue/Concern must be responded to within 7 days of receipt.**

DATE RECEIVED: _____

RESPONSE DATE: _____

RESOLUTION:

DATE OF RESOLUTION: _____

AUTHORIZED SIGNATURE: _____

FOLLOW-UP (If Necessary):

***Please submit completed form to the Quality Development Coordinator**

REVIEWED BY QUALITY DEVELOPMENT COORDINATOR: _____

DATE REVIEWED: _____