**Concern / Issue Reporting Form**

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|  | **Radiography** |  | **Sonography** |  | **Nuclear Medicine** |

**Clinical Education Site:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Name of Person Completing this form:** | **Position:** | **Location** |
| **Contact Phone Number:** **Tel:** **FAX:**  |  **Date Issue Occurred:**  |
| **Department/Location Where The Issue Occurred:** |
| **Please Describe the Nature of the Issue (Attach Additional Sheets If Needed)** |
| **Please Explain How you Tried To Resolve This Issue:** |
| **What Would You Consider A Proper Solution To This Issue?** |
| **Signature: Date:** |
| **Please FAX to:**  |
| **Date Received:** | **Staff initials:** |
| **Resolution:** |