**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:** | | | |