

Local # _____ Facility/Agency _____ Unit/Ward _____

Member Reporting Issue

_____ Name _____ Email _____ Phone _____ Status (PFT, TPT, etc) _____

Description of the Issue Raised - Capture as many details as possible including date and time of incident

Reported to:

_____ Print name _____ Signature _____ Date _____ Position _____

Actions Taken

RESOLVED – Provide details of resolution below

_____ Print Name _____ Signature _____ Date _____ Position _____

UNRESOLVED Practice Issue

Referred to NAC Process on: _____

UNRESOLVED LR Issue

Referred to ERO/SUN Provincial on: _____

Additional Notes and/or Action Taken