



Continuous Quality Improvement

Your Name:	
Phone Number:	E-mail:
Today's Date:	
☐ In appreciation of:	
☐ With concern about:	
☐ Policy ☐ Procedure ☐ Person ☐ Event	t Other:
Date of Event:Time:	Location:
Your Comments:	
President's Follow-Up:	Date:
President's Analysis/Recommendation/Corrective Action	n: Date:
Your Signature:	Date:
President's Signature:	Date:

COMPLETE AND RETURN TO THE PRESIDENT FOR FOLLOW-UP AND ANALYSIS

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