

SAFETY CONCERN

Employee Reporting Problem:

Person reporting problem: _____

Date of report: _____

Person problem was reported to: _____

Facility Information:

Name: _____

Address: _____

City: _____

State, ZIP: _____

Contact Person: _____

Phone: _____ Fax: _____

If a patient or other employee was affected by this problem - or brought this problem to your attention - please list their names:

Name: _____

last

first

middle

Name: _____

last

first

middle

☐ If multiple patients or employees were effected - list attached

Brief description of safety concern:

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