Informal Quality/Risk Concern Report Form

To: ☐ Risk Management ☐ Safety Department

Date: _____

Method of Referral: ☐ Telephone ☐ Personal Contact

Employee ____ ☐ Anonymous ☐ Hospital Employee
Visitor ____ ☐ Clinic Employee
Patient ____ ☐ Caring Employee
☐ Apothecary Employee

☐ Quality of Care Concern ☐ Risk Concern ☐ Request for Information

Response Requested _____ Signature (not required) _____

Quality/Risk Management

Response Requested

Signature (not required)

This confidential documentation is prepared solely for Risk Management and its peer review function, including reduction of morbidity and mortality within the hospital. It should not be duplicated without authority form Risk Management or made available to anyone without the authority of Risk Management.