

This page is completed by Jordan Valley Health staff.

Date Received: _____ Received By: _____

Incident/Grievance Reference #: _____

Location: _____

Resolution/Actions Taken

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Resolution Completed By: _____ Date: _____

Was the patient/visitor informed of the resolution? ☐ No ☐ Yes

Method of follow-up: ☐ Phone ☐ Email ☐ Letter ☐ Other: _____