



# Fond du Lac Human Services Division

## External Quality Improvement Report

Email to: [fdlhdsconcerns@fdlrez.com](mailto:fdlhdsconcerns@fdlrez.com)

No: \_\_\_\_\_

1. Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_ Location of Incident: \_\_\_\_\_

Name of Person(s) with Concern: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Describe Incident (use the following page for additional information):

Report Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

### 2. Director Section

Assign to: \_\_\_\_\_

Date: \_\_\_\_\_

Comments:

### 3. Coordinator or Designee Section

Date Received by Coordinator/Designee: \_\_\_\_\_

Actions taken (use the following page for additional information):

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### 4. Results (use the following page for additional information):

### 5. Final Review by Director

Date Resolved: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Additional Information