



**OFFICE USE ONLY:**

**IMMEDIATE ACTION TAKEN BY STAFF MEMBER RECEIVING CORRESPONDENCE:**

- One to One Discussion
- Informed the "In Charge" staff member of the relevant Service Area
- Other (Please specify)

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Signature of Person Initiating Action: \_\_\_\_\_ Date: \_\_\_\_\_

**SERVICE COORDINATOR ACTION:**

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Verbal feedback given to person initiating correspondence as requested: YES  Date: \_\_\_\_\_

Riskman Feedback Category: \_\_\_\_\_

Service Coordinator's/Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**HOSPITAL MANAGEMENT COMMITTEE ACTION:**

Written feedback given to person initiating correspondence as requested: YES  Date: \_\_\_\_\_  
(within 35 days of initial correspondence)

Seriousness \_\_\_\_\_ Further Action Required: YES  NO

Please Specify \_\_\_\_\_

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HMC Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Details entered into Riskman  Riskman ID: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_