***PART 1***

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| **Date QIR Raised** | **QIR No** |
| SOURCE:*(Circle Selection)* | **Client matter** | Parent/Carer matter | **Community Member / Customer matter** |
| **Other Service Provider matter** | **Internal matter from Staff** | **Internal Audit/Auditor matter** |
| **ISSUE REQUIRING ATTENTION:** |  |
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| **ORIGINATED BY:** | **TO:** *(Responsible Person)* |
| **CORRECTIVE ACTION REQUIRED:** *(To be completed by the Responsible Person)* |
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| **PREVENTIVE ACTION:** *(To be completed by the Responsible Person)* |
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| **RESPONSIBLE PERSON’S SIGNATURE:***(On completion of the Continuous Improvement and Preventive Action Required)* | **DATE COMPLETED:** |

#### *PART 2*

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| FOLLOW UP | FURTHER FOLLOW UP IS REQUIRED TO VERIFY THAT WHAT IS PUT IN PLACE IS CORRECT AND WORKING | **OR****NOT APPLICABLE** |
| **DUE DATE For Completion:** |  | **DUE DATE For Completion:** |  |
| **VERIFIED***by Responsible Co-ordinator/QMR* | YES/NO | **VERIFIED***by Responsible Co-ordinator/QMR* | YES/NO |
| **NAME:***(Responsible Co-ordinator/QMR)* | **NAME:***(Responsible Co-ordinator/QMR)* |
| **SIGNED:** | **SIGNED:** |
| **DATE:** | **DATE:** |