***PART 1***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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:** | | |