



IF UNRESOLVED: QMCO NOTIFIES:

- UNIT                     
  PROGRAM DIRECTOR                     
  EXECUTIVE DIRECTOR

COMMENTS:

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TEAM RESOLUTION PROPOSAL – IF INDICATED:

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EXECUTIVE DIRECTOR RESOLUTION – IF INDICATED:

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RESOLUTION ACCEPTED BY PARTICIPANT                      DATE: \_\_\_\_\_

RESOLUTION NOT ACCEPTED BY PARTICIPANT                      DATE: \_\_\_\_\_

PARTICIPANT / COMPLAINANT GIVEN TELEPHONE NUMBERS OF EXTERNAL AGENCIES

PARTICIPANT / COMPLAINANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

WITNESS SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PARTICIPANT / COMPLAINANT GIVEN COPY OF FORM

PARTICIPANT / COMPLAINANT DECLINED COPY OF FORM