DOUGHERTY PROCESS MANAGEMENT CORRECTIVE ACTION REQUEST FORM (See DPM-P005)

Reset

To be completed by the ISO Co-Management Representative:

CONTROL NUMBER:

SECTION 1: To be completed by the Requestor

Person(s) Requesting Corrective Action:		Date:
Location:	Phone or Ext.# :	E-mail:

Required: *Describe the Problem or Concern in detail.* ***Optional:*** *Suggest a solution.* ***Forward:*** *To the ISO Co-Management Review.*
(Please attach additional sheets if necessary.)

THIS SECTION TO BE COMPLETED BY AN ISO CO-MANAGEMENT RESPRESENTATIVE ONLY:				
Individual Requesting C/A:	Parent ☐	Student ☐	Staff ☐	Other (specify):
Person(s) Assigned To Complete Section 2:				**Date Sent:**
RESPONSE DUE:		**RESPONSE RECEIVED:**		

SECTION 2: To be completed by the Responsible Person(s): Return by response due date.

What is causing the problem or concern recorded in Section 1 to occur?

What Action has been, or will be, taken to correct the identified problem or concern?

Implementation Date of the Above Stated Action: _____ _____

Information Recorded by: _____ Date Submitted: _____

Promptly return to a Management Review Team member by the required response date.

SECTION 3: Verification & Close-Out Information. For Management Review Team Use Only.

Has the documented action been implemented and is it effective? ☐ Yes ☐ No
If yes, record comments, if desired. If no, what steps will be taken to ensure an acceptable outcome?

Is the original requestor satisfied with the outcome of the action taken? ☐ **Yes** ☐ **No**
If yes, record comments if desired. If no, what will be done to satisfy the requestor?

Date reviewed in the Management Review Meeting:

Verified and Closed-out by:	***Date:***