

P.E.I.R. Problem Solving – Resolution

Date: _____

1. Briefly describe the incident.

2. Describe the actions of the person(s), facility, or organization you are concerned about.

3. Describe the preferred resolution.

4. What action do you suggest would bring about a more satisfactory resolution?

Fax the completed form to Lori Head, P.E.I.R. Coordinator at: **515-266-1518**.

Date Received: _____

Reviewed by: _____

Date referred to S.A.C: _____

Resolution: _____
