

**P.E.I.R. Problem Solving – Resolution**

**Date:** \_\_\_\_\_

1. Briefly describe the incident.

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

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3. Describe the preferred resolution.

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

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Fax the completed form to Scott Horn, P.E.I.R. Coordinator at: **208 658-1296**.

Date Received: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

Date referred to S.A.C: \_\_\_\_\_

Resolution: \_\_\_\_\_

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