

## PRC Tracking Form

ONA File # \_\_\_\_\_ Year \_\_\_\_\_

Local \_\_\_\_\_ BU Unit/AREA \_\_\_\_\_ Month \_\_\_\_\_

Date of Concern	Type of Concern	Submitted by	Name of Manager /Designate	Date of Discussion with Manager /Designate	Date Form/ Concern received by LRO	Date Of BU Present-ation to AAC	Employer Response Summary	Date of Pre-Complaint Letter	Date of LRO Present-ation at AAC	Outcome	Date File Sent to PPS	Date of additional discussion at AAC by PPS	Date of Present-ation to IAC	Follow Up Actions

**Code for Type of Concern**

- (1) Communication
- (2) Equipment and Supplies
- (3) Policies and Procedures

- (4) Education/Orientation
- (5) Job Description/Duties
- (6) Staffing Levels
- (7) Medication/Policy

- (8) Environment
- (9) Non-Nursing Functions
- (10) Physician Related
- (11) Other (Explain)