# Form 1: OWM PT Feedback and Inquiry and Complaint Form

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| **Created by** |  | **Date** |  |
| **Action Typea** | *Select one* |
| **Title/Short Description** | *Create a title or short description that can easily be referenced* |
| **Name (Title) of the Applicable PT** | *Enter the name of the PT in question (or note “General ”)* |
| **Observation(s)** | *Describe in clear terms the concern that needs to be addressed* |
| **Risk Assessment** *(if any known)* | *Assess the risk to your laboratory or the program as a result of the observation* |
| **Suggested Action(s)** *(if any)* | *Describe what action(s) is proposed if any* |
| **OWM Evaluation and Resolution*****(internal only)*** | *Describe the final evaluation(s) and action(s) taken, if any, to resolve the feedback or complaint; reference the OWM PT Action Item Form if applicable*  |
| **OWM Receipt Date** |  | **Form Received by** |  |
| **Evaluation Date** |  | **Evaluation Conducted by** |  |

aAction Types: Corrective Actions (CA), Risk Minimization (RM), Improvement Actions (IA), General Feedback (F), Tribute (T)

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