NOTE: *Please complete this feedback form to report CAPT-related problems so that they may be promptly researched. This form should also be used to report problems that you have resolved yourself. Your strategy may be helpful to your colleagues at other clinics. Please mail or fax completed forms to the Project Director of the Coordinating Center.*

1. Please provide a brief description of the problem. (Attach additional pages if necessary.)

   _____

   _____

   _____

   _____

2. Did you resolve the problem? ☐ Yes ☐ No

   ↓

   a. Please describe how you resolved the problem:

      _____

      _____

      _____

3. Do you think the problem identifies a need to change the protocol, forms and/or procedures?

   ☐ Yes ☐ No

   ↓

   a. Please describe what you think should be done:

      _____

      _____

      _____

4. Person Identifying Problem: _____ CAPT Role: _____

5. Phone number of person listed above: _____

   Clinic #: _____ Site #:_____ Date form completed _____/_____/_____
   mm dd yy

To be completed by the Resource Center: CC RC Chairman's Office

Date Received: _____/_____/_____ Person Researching
Problem:_____
mm dd yy
Action Taken (if required): _____

_____

_____

Date Originator notified of decision: ____/____/____ Problem Number: _____
mm dd yy