

“BUILD A BETTER COMPANY FORM”

SEND TO hr@choicetx.com



Employee Completing This form: _____

Problem/Issue: _____

What staff, client, customer, and/or patients does it affect? (Circle All That Apply)

- | | | |
|--|--|------------------------------------|
| <input type="radio"/> All Employees | <input type="radio"/> Myself | <input type="radio"/> Vender |
| <input type="radio"/> Leadership Employees | <input type="radio"/> Patients/Family | <input type="radio"/> Therapist |
| <input type="radio"/> Nursing | <input type="radio"/> Doctors/Referral Sources | <input type="radio"/> Assistants |
| <input type="radio"/> Techs | <input type="radio"/> Office Staff/HR | <input type="radio"/> Other: _____ |

How does it affect the indicated parties above?

Proposed Solutions: (Include those who would be involved and or included in this solution)

Clinical Effects of the Proposed Solution: (Potential positive or negative effects on clinical delivery and/or outcomes)

Financial Effects of the Proposed Solution: (Potential positive or negative effects on financial outcomes, expenses incurred on solution and eliminated with problem, potential net gain or loss)

Overview for proposed solution Implementation (how would you propose a change and implement this change):

*You do not need to fill in all the blanks if you do not want to. The more information we have the better we can address the issue and it will allow a thorough review of the problem and proposed solution. If there is more than one issue to address please complete the appropriate number of forms (one issue per form). Your issue will be discussed by leadership and you will receive a response within 5 business days in writing or in person.

Employee Signature/Date