

CLERMONT CARES FORM

INFORMATION ON PROBLEM

LOG #

NAME:
ADDRESS:
TELEPHONE:
LOCATION AND NATURE OF PROBLEM:

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FOLLOW-UP NOTES:

RECEIVED BY:
RECEIVED VIA:
DATE RECEIVED:

ASSIGNED TO:

DATE ASSIGNED:

DATE DUE:
DATE FORWARDED TO ADMINISTRATION:

APPROVAL/DIRECTION BY ADMINISTRATION:

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ACTION TAKEN/OR RECOMMENDED:

NAME OF PERSON HANDLING CARES ISSUE:

DATE COMPLETED:

TARGET DATE IF NOT RESOLVED:
1ST PROGRESS DATE CHECKED:
2ND PROGRESS DATE CHECKED:
3RD PROGRESS DATE CHECKED:
DATE TRANSFERRED TO PROJECT LOG:

COMPLETED? Yes or no