



Please provide your information below so The Joint Commission can contact you if there is a need for additional information regarding your safety concern or event.

Your Information

Description of Concern or Event	Date safety event occurred (required)					
<p>Incident Narrative: Please use the open space below to provide a description of the safety event, including the patient's name, if known. <u>Note: By policy, The Joint Commission cannot accept copies of medical records, photos or billing invoices and other related personal information.</u></p>						

Are you aware of any actions that were taken to prevent further events?

Yes (please describe below)

No

I'm not sure

**Description of
Concern or
Event**