

SCHOOL OF DIAGNOSTIC IMAGING
Cleveland Clinic

Counseling Action Form

Student Name

Current Date:

Student Title: Radiology Student

Department: Radiology School

Date(s) of Incident:

Location/Facility:

Previous Corrective Action on File:

A. SPECIFIC POLICY INFRACTION/CATEGORY OF OFFENSE:

Factual description of events leading to the filing of this report: (Be specific about dates, time, policy infractions etc. Attach additional sheets and documents if necessary.)

B. CORRECTIVE ACTION TO BE TAKEN: (Be specific about expectations and time frames for correcting behavior)

Any continued infraction of policy will result in further corrective action, up to and including termination.

C. STUDENT COMMENTS:

Clinical Instructor Signature

Date

Signature of Person Filing Action

Date

I acknowledge that the above information has been explained to me and I also understand that I have the opportunity to respond in writing to this corrective action which will be come part of my employee file. I also understand that I have access to the use of the Problem Resolution Policy if I am a student at School of Diagnostic Imaging for more that three months. If I choose to use the Problem Resolution Procedure, I must do so within 7 calendar days after I have received this corrective action notice.

Student Signature

Date