



CORRECTIVE ACTION REQUEST FORM

Clarksville-Montgomery County School System

Correction Control Number

Date
Rec'd _____

Requester: _____ Dept. _____ Date: _____

Source: Please indicate by checking one of the following:

- Parent Concern
- Process
- External Audit
- Concern regarding Vendor Supplies or Services
(Please use [PUR-F009](#))
- Other (Specify) _____

SECTION 1: to be completed by requestor

Description of Problem: Be factual, objective, and concise and give traceability to issue for follow up. Attach any background information required for problem investigation and root cause determination. Please include recommendation(s) to solve the problem.

*Requestor, if this form is not being submitted electronically, please forward hard copy to: Tatiana Harris, Process Management Coordinator, 621 Gracey Ave., Clarksville, TN 37040.

Problem Owner: _____ Dept. _____ Respond by: _____

Problem Solver: _____ Dept. _____

SECTION 2: to be completed by Problem Owner

Corrective Action Response:

Root Cause: (Problem solver investigates the problem and determines the extent/impact of the problem and its root cause. Problem Owner ensures that the root cause has been identified.)



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SECTION 3: to be completed by Problem Solver

Corrective Action/Implementation Plan: Include training and communication requirements, documentation changes and/or process/product/service changes.

Solver: Is a short term correction required before the long term action is implemented? If so, please indicate what that will be.

Proposed/Planned Implementation Date of Corrective Action: _____

Problem Owner: Initial _____ Date _____

Forward to Tatiana Harris

SECTION 4: to be completed by Process Management Staff

Answer received by Process Management Dept.: Date _____ Initial _____

Implementation verified: Date _____ Initial _____

Requestor satisfaction verified Date _____ Initial _____

Corrective Action Closed and Problem Owner notified: Date _____ Initial _____

NOTES:
