

Problem Solving Record

Employee Name _____ Date Reported ____/____/____

Reported To

Name _____ Title _____

Circumstances

Individuals Involved

Date(s)

Time(s)

_____	____/____/____	_____
_____	____/____/____	_____

Witness(es)

Resolution

Date ____/____/____

Follow-Up

Date ____/____/____

Employee Signature _____ Date ____/____/____

Supervisor/Manager Signature _____ Date ____/____/____