

Coastal Bend Regional Advisory Council (CBRAC)

Hospital Preparedness Program Texas Emergency Medical Task Force - 11

> 1305 N Shoreline Blvd Unit 120 Corpus Christi, TX 78401 www.cbrac.org



CBRAC Performance Improvement Intake Form (CONFIDENTIAL)

Please Complete This Intake Form First - https://forms.office.com/r/S9CB9JrZvU

Position:Email:	Name: _			
Email: Phone: Date of Incident: Location of Incident: Organizations Involved: Brief Narrative of Incident:	Employer: _			
Phone: Date of Incident: Location of Incident: Organizations Involved: Brief Narrative of Incident:	Position: _			
Date of Incident: Location of Incident: Organizations Involved: Brief Narrative of Incident:	Email:			
Location of Incident: Organizations Involved: Brief Narrative of Incident:	Phone:			
Organizations Involved: Brief Narrative of Incident:	Date of Incident: _			
Brief Narrative of Incident:	Location of Inciden	nt:		
Brief Narrative of Incident:	Organizations Invo	olved:		
Brief Narrative of Incident:				
	Brief Narrative of Incident:			

 $Please\ upload\ this\ completed\ form\ and\ any\ associated\ documentation\ to\ the\ following\ link.\ Our\ Tresorit\ portal\ is\ HIPAA\ Compliant.$ $https://web.tresorit.com/r\#e-uyCLqhVSnt_VEfdNdYkw$