**Concern Form**

Concho Valley Regional Advisory Council Trauma Service Area-K

PO Box 60125 San Angelo Texas 76906

325-456-2370 executivedirector@cvrac.org

**Entity Name:**

**Contact Person (needed for communication):**

**Date of Occurrence:**

**Entities Involved:** (list all):

**Single or Multiple occurrences:**

**Please describe the issue or concern:**  (names of staff may be omitted):

**This area is for the response of the Concern or Issue:**

**This area for comments of CVRAC Staff:**