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REPORT OF CRITICAL EVENTS TO HKCFP

Critical incidents and their resolution should be reported to HKCFP

Date		
Reported by	☐ Lead supervisor ☐ Supervisor ☐ Trainee ☐ Patient ☐ BVTS ☐ Others _____	Name & Signature
Contact details:	Office phone no: Mobile phone no:	Email:
Problem identified /critical event		
Action taken		
Effectiveness of action	☐ Effective ☐ Not effective	
Resolution:		
Any further action taken		
Suggestions for future improvement		
Need of further action / appeal		
HKCFP	Comment: Name: Position:	Signature: Date: