

Cenevia Credentialing Verification Organization
CUSTOMER/CLIENT ISSUE/CONCERN TRACKING FORM

RECEIVED BY: _____

DATE RECEIVED: _____ TIME RECEIVED: _____

PERSON REPORTING: _____

ORGANIZATION: _____

ISSUE OR CONCERN: _____

REFERRED TO (if necessary): _____

ACTION TAKEN (Investigation/Follow-up)

DATE: _____ TIME: _____

ISSUE/CONCERN RESOLVED? YES NO

