Dental Office Employee Write-Up Form

Use this form to document a specific issue at the practice, the rule or procedure it relates to, what the team member said, and what happens next. Write what you saw or verified. Keep patient names and details off the form.

1. TEAM MEMBER AND FORM DETAILS

TEAM MEMBER NAME

ROLE (ASSISTANT, HYGIENIST, FRONT DESK...)

OFFICE LOCATION

DATE OF MEETING

MANAGER OR DOCTOR COMPLETING THIS FORM

TYPE OF NOTICE

- [ ] Documented verbal warning
- [ ] Written warning
- [ ] Final written warning
- [ ] Other (describe below)

AREA OF CONCERN

- [ ] Attendance or schedule (late for first patient...)
- [ ] Infection control or sterilization
- [ ] Patient privacy (HIPAA)
- [ ] Charting or documentation
- [ ] Patient or team communication
- [ ] Safety (OSHA, sharps, x-rays)
- [ ] Following office procedures
- [ ] Other

2. WHAT HAPPENED

DATE(S) OF THE ISSUE

OPERATORY, AREA OR TIME, IF RELEVANT

DESCRIBE THE ISSUE. INCLUDE DATES, WHAT YOU SAW OR VERIFIED, AND ANY RECORDS OR LOGS YOU REVIEWED.

DID IT AFFECT A PATIENT APPOINTMENT, SAFETY OR PRIVACY? DESCRIBE IT WITHOUT NAMES OR OTHER IDENTIFYING DETAILS.

PROCEDURE, POLICY OR INSTRUCTION THAT APPLIES (NAME IT AND WHEN THE TEAM MEMBER RECEIVED OR WAS TRAINED ON IT)

EARLIER RELATED CONVERSATIONS OR NOTICES (DATES AND WHAT WAS AGREED)

If the issue may involve patient information reaching someone who should not have it, follow your privacy incident process as well. This form does not replace it.

General template, not legal advice. Adapt it to your policies and confirm requirements for your location with a qualified adviser.

3. TEAM MEMBER'S RESPONSE

THEIR ACCOUNT, QUESTIONS OR CONTEXT. IF THEY CHOSE NOT TO COMMENT, NOTE THAT.

4. IMPROVEMENT PLAN

WHAT NEEDS TO CHANGE, STATED SO BOTH OF YOU CAN TELL WHETHER IT HAPPENED

RETRAINING, SUPERVISION OR SUPPORT THE PRACTICE WILL PROVIDE

FOLLOW-UP MEETING DATE

FOLLOW-UP OWNER

WHAT HAPPENS IF THE ISSUE CONTINUES (AS SET BY YOUR POLICY)

5. ACKNOWLEDGMENT

A signature confirms the team member received this form and discussed it. It does not mean they agree with it. They may attach written comments. Use the witness line only if your process calls for one.

COMMENTS

- [ ] No written comments
- [ ] Comments attached
- [ ] Declined to sign (manager notes date and witness)

TEAM MEMBER: PRINTED NAME | SIGNATURE | DATE

MANAGER OR DOCTOR: PRINTED NAME | SIGNATURE | DATE

WITNESS: PRINTED NAME | SIGNATURE | DATE

COPY GIVEN TO TEAM MEMBER ON

FILED IN EMPLOYEE RECORD BY

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