

**Region:** \_\_\_\_\_ **Program Area:** \_\_\_\_\_  
**Contact Person:** \_\_\_\_\_ **Contact Person's Email:** \_\_\_\_\_  
**Date of Referral:** \_\_\_\_\_

- Data Quality Referral (*Report errors, TFACTS Clean-up issues, AFCARS reporting issues, requesting new reports, requesting system enhancements*)
- CQI Referral (*policy, practice, and idea sharing*)

<b>Referral Topic:</b> <i>(Please specify what this topic relates to such as if this relates to a Policy, Practice, Safe Measures, OBIEE, CANS, FAST, etc.)</i>	
<b>Describe in detail what the problem is, how often it has occurred, and how it impacts your daily work:</b>	
<b>What, if anything, has been done by the submitting team to help resolve the problem?</b>	
<b>Desired outcome and expectations of this referral:</b>	

Please attach supporting documentation including, but not limited to:

- Relevant data or evidence of issue  
 Policies with suggested wording changes  
 Other

Was this PQI Referral vetted by  Quality Practice Team or by  Regional Leadership?

*Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval.*

Distribution: Original: PQI Team Minutes Notebook

Copies: Regional PQI Coordinator

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