

CORRECTIVE ACTION PLAN FOR _____

Report period:	
Title of result and comment or finding number:	
Contact person:	
Contact person information:	
Clearly state the issue:	
List the requirements that were not followed:	
View of Responsible Official (Unit Response):	
Identify the root cause of the issue:	
Description of Corrective Action (steps to be taken to correct the issue):	
Implementation Timeline (including anticipated completion date):	
If applicable: Document reason issue will NOT be corrected within 6 months:	
Summary of how the corrections will prevent future occurrence of the issue:	