

Carolina Family Health Centers, Inc.

Carolina Family Dental Center • Freedom Hill Community Health Center • Harvest Family Health Center
• Wilson Community Health Center

Care Improves Through Employee Suggestions (CITES) Form

Name: _____

Please check the box to indicate the location where you work:

- | | |
|-------------------------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> Freedom Hill Community Health Center | <input type="checkbox"/> Harvest Family Health Center |
| <input type="checkbox"/> Wilson Community Health Center | <input type="checkbox"/> Carolina Family Dental Center |
| <input type="checkbox"/> Carolina Family Patient Support Services | <input type="checkbox"/> Carolina Family Ancillary Services |

Check the box to indicate the department where you work:

- ☐ Medical ☐ Dental ☐ Pharmacy ☐ Compliance ☐ Operations ☐ Finance ☐ Administration

Type of Suggestion: (Check all that applies)

- ☐ Procedure Change ☐ Cost Saving Idea ☐ Facility ☐ Patient Care ☐ IT ☐ Other

Describe in your own words the current situation: *[PLEASE PRINT LEGIBLY or attach a separate typed page]*

Describe your suggested solution:

What impact will this proposed change have on CFHC, Inc.?

Your Signature: _____

Date: _____

All suggestions should be turned into Administrative Assistant-Operations

Employee Investment CIT: (Please check one)

Date: _____

☐ Accepted ☐ Rejected ☐ Accepted with Modifications ☐ Assign to Another CIT: _____

Explanation: _____

Recommendations:

Signature of Committee Chair: _____

Central Committee

Date: _____

☐ Accepted ☐ Rejected ☐ Accepted with Modifications ☐ Assign to Another CIT: _____

Explanation: _____

Recommendations:

Signature of Committee Chair: _____

Employee Investment CIT Follow Up- Assigned To: _____

Completion Date: _____