EMPLOYEE COUNSELING FORM
HARDIN COUNTY GENERAL HOSPITAL & CLINIC
PO BOX 2467 6 FERRELL ROAD
ROSICLARE, IL 62982

PROBLEM:

_____
_____
_____
_____
_____

STATEMENT BY EMPLOYEE:

_____
_____
_____
_____
_____

RESOLUTION OF PROBLEM OR ACTION TAKEN:

_____
_____
_____
_____
_____

SIGNATURE OF STAFF MEMBER: _____

SIGNATURE OF EMPLOYEE: _____