STEPHEN F. AUSTIN STATE UNIVERSITY
SCHOOL OF NURSING
PEER REVIEW REPORT

Nurse Reported _____

Incident (describe briefly) (the patient/client shall be identified by initials or number to the extent possible to protect confidentiality BUT the nurse shall be provide the name of the patient/client)

Do you suspect the nurse's behavior is related to chemical dependency or mental illness?

Dependency _____ Mental Illness _____ Neither _____

Witnesses (if any)

Name	Phone	email
Name	Phone	email
Name	Phone	email
Name	Phone	email
Name	Phone	email

Committee Member Receiving Report

Name	Date