



# MEMO

**DATE:**

**TO:** Individual(s) Completing the PRC  
United Nurses of Alberta – Local #  
United Nurses of Alberta Local Chair – Local #  
Covenant Health Senior Director of Operations (Urban)  
Covenant Health Site Administrator (Rural)

**FROM:** Manager

**RE:** Manager's response to PRC Form #\_\_\_\_ and RLS Form #\_\_\_\_

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Was this issue discussed with a Manager prior to a PRC being completed? Yes  No   
Has the issue been identified previously? Yes  No

**SUMMARY of the PRC:**

**FURTHER DETAILS FROM THE INVESTIGATION**

**RECOMMENDATION/ACTION TAKEN**

PRC Committee to complete:

- Resolved – no further action required
- Unresolved – further action required, next steps identified



**NEXT STEPS:**

**MUTUALLY AGREED FOLLOW UP:**

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**ELEVATION OF ISSUE REQUIRED:**

Elevated to United Nurses of Alberta (Name) \_\_\_\_\_ Date \_\_\_\_\_

Elevated to Covenant Health Senior Leader (Name) \_\_\_\_\_ Date \_\_\_\_\_

Elevated to Joint (UNA/COV) Organization Engagement Committee \_\_ Date \_\_\_\_\_

**Date next level hearing:**

**List of additional documents required:**

**RECOMMENDATION/ACTION TAKEN**

UNA/Covenant Senior Representatives to complete:

- Resolved – no further action required
- Unresolved – mutually agreed next steps: