

# *Patient & Family Advisory Council Topic Request*

**Please complete this form if you have a topic that you would like the Patient & Family Advisory Council (PFAC) to explore. When complete, please return to the Quality Department, or the Volunteer/Information Desk.**

Name (Optional): \_\_\_\_\_

Topic: \_\_\_\_\_

Grand Itasca Clinic & Hospital Employee - Department/Title: \_\_\_\_\_

Patient or Family Member of a Patient

Short Summary of the Topic:

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Issues Related to the Topic:

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Support and/or Action Requested:

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For PFAC Use Only:

Date Reviewed: \_\_\_\_\_

Approved OR Not at This Time [Circle One]

If approved, meeting date(s) set for further review: \_\_\_\_\_