

Date Identified (MM/DD/YYYY) (Completed By The CNS Audit Lead)	Brief Description Of Issue (Completed By The CNS Audit Lead)	Condition Language (Completed By The CNS Audit Lead)	Detailed Description of the Issue (Explains what happened) (Remaining Data to be Completed by FACT Organizations)	Root Cause Analysis for the Issue (Explains why it happened)	Methodology - Describe the process that was undertaken to determine list of individuals (e.g. participant impacted)	# of Individuals Impacted	Action Taken to Remedy System/ Operational Issue	Date System/ Operational Remediation Initiated (MM/DD/YYYY)	Date System/ Operational Remediation Completed (MM/DD/YYYY)	Action Taken to Remedy Negative/ Impacted Individuals Including Outreach Description and Status	Date Individual Outreach and Remediation Completed (MM/DD/YYYY)	Date Individual Outreach and Remediation Completed (MM/DD/YYYY)

