



## Peer Review Case Presentation Form

Today's Date: \_\_\_\_\_ Your Name (Presenter): \_\_\_\_\_

Presenters Contact Information:

Phone: \_\_\_\_\_

Email/ Address: \_\_\_\_\_

Date Case Took Place: \_\_\_\_\_ Is this a grievance? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, on whose behalf is the grievance being filed? \_\_\_\_\_

Details of the Case (*500 words or less, please*):

If this is a grievance filing, please be specific as to the nature of the perceived inappropriate actions on the part of the doula (*200 words or less, please*):

What outcome/ feedback are you hoping for? (*100 words or less, please*):

**Thank you for sharing your concerns. The DAI Peer Review will meet within 30 days of receiving the form to examine the concerns raised. The panel will send a written response within 10 days to the parties involved.**