



Entheos Audiology Cooperative
1501 S Clinton St, #10311
Fort Wayne, IN 46851
(260) 267-6505

Outreach Trip Report Form

Thank you for sharing your experience. This form helps us improve our outreach trips and respond to any concerns. Please complete as much as you can. All information will be kept confidential and reviewed by Entheos and Hearing the Call, as appropriate.

Traveler Info

Name: _____

Email: _____ Phone: _____

Trip Role: Audiologist Student Translator Volunteer Other:

Trip Details

Location: _____

Trip Dates: _____

Team Guide (if known): _____

Type of Report (check all that apply)

- | | | |
|------------------------|------------------------|-----------------------|
| Injury/Medical Issue | Facility/Equipment | Ethical/Legal Concern |
| Behavior/Interpersonal | Problem | General |
| Conflict | Transportation/Housing | Feedback/Suggestion |
| | Issue | |
| | Emotional Wellness | |

Other: _____

Brief Description

What happened? When? Who was involved? (Use additional pages if needed)



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Follow-up

Do you want a response? Yes No
Preferred contact method: Email Phone

Signature:

Name: _____
Date: _____

Attach any photos or supporting documents, if available.

SUBMIT this form to global@entheoshearing.com.