**Compliance Risk Review**

**Opportunities Action Plan**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Compliance risk area or program name)**

**MM/DD/YYYY**

**The designated compliance specialist in this area who received the compliance risk review will use this template to respond to the specific opportunities for improvement.**

Summary:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Opportunity | Responsible Party(ies) | Due Date | Comp Date | Comments |
| 1. First opportunity for improvement from the Risk Review Summary |  |  |  |  |
| 1. Second opportunity for improvement from the Risk Review Summary |  |  |  |  |
| 1. Third opportunity for improvement from the Risk Review Summary |  |  |  |  |
| 1. Fourth opportunity for improvement from the Risk Review Summary. |  |  |  |  |
| 1. Etc. |  |  |  |  |