

CORDOVA COMMUNITY MEDICAL CENTER

COMPLIANCE REPORT FORM

REPORT OF SUSPECTED VIOLATION(S)

OPTIONAL: This report can be made anonymously. Confidential reports may also be made by calling the Compliance Reporting Hotline at 907-424-7434.

Name: \_\_\_\_\_

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

Address: \_\_\_\_\_

Position: \_\_\_\_\_

\_\_\_\_\_

Department: \_\_\_\_\_

1. Describe your concern or issue (check one and provide details below):

False Claims, Billing

Emergency Treatment

Patient Transfer

Denial of Service

Confidentiality

Safety

Conflict of Interest

Referral Practices

Kickbacks, Gifts

Anti-Trust Laws

Retribution, Harassment

Other

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2. When did this occur?

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3. Person(s) and Department(s) involved:

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4. How did you learn of this issue?

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5. Please describe any evidence that you have:

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6. Who else have you discussed your concern with, and when:

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7. Who else might be able to provide information about the issue?

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8. Would you be willing to discuss your concern with any of the following (check all that apply):

No, I want to remain anonymous

Administrator/CEO

Compliance Coordinator

Laboratory Manager

Human Resources Coordinator

CAH Director of Nursing

Facilities Manager

LTC Director of Nursing

Payroll Clerk

Food Services Manager/Dietary

NOTE: We will take every precaution to ensure the confidentiality of the information that you submit. However, there may be circumstances where disclosure is necessary due to legal considerations and/or for purposes of conducting an effective investigation. If such a situation arises, we will advise you prior to such disclosure. **No employee will undergo disciplinary action for reporting a compliance matter in good faith, nor will CCMC allow retaliation or harassment of an employee who has made a report. If you feel that you are facing retribution, you should immediately notify your supervisor, another Manager, or the Compliance Coordinator.**