

903.1 OnPoint Compliance Complaint Reporting Form

Reporter's Name/Title:	Phone # and Email:
Employer:	Department/Unit:
Reported To:	Date Reported:
Date(s) of Event:	Date Reporter Learned of Event:
Location of Event:	Program(s)/Person(s) Involved:
What is the concern or the alleged issue?	
Standard/Law/Regulation/Etc. violated and how was it violated:	
Brief Description of Event: <i>(Include individuals involved using initials and indicating if an employee, consumer, contractor, etc.)</i>	
Have you reported this violation elsewhere? _____ Yes _____ No If yes, when and to whom was it previously reported?	
Are you aware of any corrective action that has occurred since the incident or previous report? If yes, please describe:	
Other Important/Relevant Information:	
If Investigated by a Contract Provider's Compliance Officer Complete the Following	
Date of Resolution/Outcome:	
Brief Description of Action Taken/Outcome: <i>(Include employees Involved in the Review)</i>	
Brief Description of Intervention Plan <i>(when applicable)</i> :	

Report Received/Completed By: _____ Date: _____
(Please Print)

Signature: _____

Compliance Officer/Designee: _____ Date: _____

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To Be Completed by OnPoint:

- Category: Employee/Ethics Consumer Related Eligibility/Service Related Financial
 Provider Network Data Integrity Privileging/Credentialing/Competencies
 Other: _____

Follow-up Needed: Yes No by: _____