

# CONDUCT REPORTING FORM

\_\_\_\_\_(Practice name)\_\_\_\_\_ compliance efforts are aided by our employees. Our compliance program requires that employees report conduct that a reasonable person would, in good faith, believe to be fraudulent or erroneous, inconsistent with any federal, state, or payer rule, regulation, or other directive, or in violation of the practice's Compliance Program or other policies and procedures. Every effort is made to maintain the confidentiality of those reporting suspected noncompliant behavior, consistent with the needs of the practice and its compliance efforts; however, anonymity cannot be guaranteed.

\_\_\_\_\_(Name of reporting employee *optional*)\_\_\_\_\_

Description of non-compliant behavior or specific alleged incident including date or time period involved. (*attach relevant documents*)

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Individuals involved in the behavior or incident:

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If you have reported these concerns to another individual or entity, please list who and when.

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Signature \_\_\_\_\_

Date \_\_\_\_\_