Adventist Health

COMPLIANCE PROGRAM REPORTING FORM

Adventist Health Corporate Compliance Program

Instructions: Please describe your concerns. Attach extra sheets if needed.

Facility: _____

Department(s): _____

Persons Involved: _____

Time Period Concerns/Issues/Incident/Problem Occurred: _____

Describe in as much detail as possible:

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This report will be kept confidential in accordance with the Program's procedures and subject to government laws. Please submit it to your supervisor, local compliance officer or the Corporate Compliance Officer at Adventist Health, P. O. Box 619002, Roseville, CA 95661-9002.

Non-retaliation Policy: Adventist Health policy prohibits retaliation against individuals who report activities that may violate the laws, regulations, and facility policies. This includes former as well as current officers, employees, contractors and volunteers. Each report is taken seriously and thoroughly reviewed to make sure proper action is taken.

Anonymity Policy: Adventist Health policy provides for compliance reports to be made anonymously. While giving your name will be helpful if more information is needed, you are not required to include it.

_____ _____

Name and Phone Number **Date**

(Do not provide these if you wish to remain anonymous)