LifeWays

REPORT OF SUSPECTED NON-COMPLIANCE

This form may be used to report any suspected incident of non-compliance involving LifeWays Community Mental Health staff or provider staff under contract with LifeWays. This form may be submitted to the LifeWays Compliance Officer by email (ken.berger@lifewaysmi.org), by mailing it to the LifeWays Compliance Office (1200 N. West Ave., Jackson, MI, 49202). A report may also be made by calling the Whistleblower Hotline (517-789-2485). ***PLEASE NOTE: YOU MAY REPORT ANONYMOUSLY BY MAIL OR PHONE AND OMIT YOUR NAME/CONTACT INFORMATION.***

Name of Person/Agency you are reporting	**Date the Incident/Action occurred**
Address of Person/Agency you are reporting	**Date of this report**
Your name *Not required if anonymous*	**How to contact you** *Not required if anonymous*

Please describe the type of incident/action that you are reporting on: Illegal, Improper, or Unethical Conduct; Medicaid Fraud, Waste, Abuse, or Improper Claims for Service; Health Insurance Portability and Accountability Act (HIPAA) Privacy or Security; Other type of incident/action.

Please describe the incident/action in as much detail as possible, especially if you are reporting anonymously. *Attach additional pages if necessary*