Grand Valley Surgical Center, LLC

Confidential Organizational Responsibility Report

Compliance Investigation ID#_____

This form should be used if you suspect a violation of laws and regulations or unethical business practices. The investigation, as well as, the name of the reporting party (who may remain anonymous) will be kept confidential. For incidents relating to patient care, employee illness, HIPAA complaints, and patient concerns, please use incident reporting form or complaint forms.

Date of Report: _____
Areas where issue(s) identified: _____
Person reporting *(confidential)*: _____
Person reporting requests follow-up report: _____ **Yes** _____ **No**
Please describe concisely (clearly) the nature of concern below:

Please attach Relevant Documents (those which pertain to the incident).

1. Copies of records in question or other information that will aid in investigation such as medical record number(s), relevant contract(s), billing records, memos, correspondence, etc.
2. Names of other individuals who may have knowledge of this situation: _____

ALL INFORMATION IS CONSIDERED TO BE IN STRICTEST CONFIDENCE. INDIVIDUALS WILL NOT BE IDENTIFIED IN SUBSEQUENT DOCUMENTATION.