



SUSPECTED COMPLIANCE VIOLATION FORM

Please complete all of the following information. Submit this form to the Medicare Compliance Officer. It may be faxed to 318-361-2184, emailed to complianceissues@vhpla.com or sent via inter office mail.

Date of Report: _____

Date(s) of Suspected Compliance Violation(s): _____

Date(s) the Individual/Department is alleged to have committed the suspected Compliance Violation: _____

Description of what is believed to be out of compliance at Vantage. (Please attach any supporting documentation).

Identify the specific state or federal requirement, if any, which you believe has been violated? (Please be as specific as possible): _____

Has this suspected Compliance Violation been previously reported to anyone? If yes when and to whom? _____

Additional pages may be needed if necessary.

OPTIONAL INFORMATION: This information is not required for an investigation to be conducted. However, if you would like findings reported back to you or, if we need to obtain additional information, this information would be necessary. Vantage does not permit retaliatory action against employees who, in good faith, report violations.

Name: _____

Position: _____

Telephone Number: _____

Email Address: _____