

# Corporate Compliance Reporting Form

This report will be kept confidential in accordance with the Compliance Program's procedures and subject to government laws.

**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.

## The person filing this complaint is:

(Do not provide this information if you wish to remain anonymous)

---

First Name

Last Name

Address Line 1

Address Line 2 (optional)

City

State

Zip Code

Tell us about the issue:

---

Facility:

Clinic Name:

Date of incident or situation:

Department(s) involved:

Were you the person who experienced this incident?

Yes

No

Other person(s) involved:

Please describe what happened with as much detail as possible.

Have you contacted the facility to try to resolve the issue?  
If so, what was the outcome?

What would you consider to be a proper solution to this issue?

## Thank You

---

Again, this report will be kept confidential in accordance with the Compliance Program's procedures and subject to government laws. Please submit this report to your supervisor, local compliance officer or the K L H I Compliance Officer at Adventist Health, 21 ( S G Y H Q W L V W + H D O CA 95661 OR via email at [orp\\_omp@ah.org](mailto:orp_omp@ah.org). Thank you for reporting this issue to us. We make every effort to review reported issues within one (1) business day to determine the best course of action.