

MADISON COUNTY
Compliance Issue Report Form

Today's Date (date of report filed): ____/____/____

Your Name: _____

Title/Position: _____

Department/Program Contacted: _____

Mode of Contact:

☐ Report to Supervisor

☐ Hotline

☐ E-mail

☐ Compliance Officer

☐ Walk-In

☐ Phone

☐ Letter or Note

☐ Staff Meeting

☐ Compliance Training

☐ Letter to Board/County Executive

☐ Other: _____

Source of Report:

☐ Employee, Independent Contractor

☐ Vendor/Subcontractor

☐ Board Member

☐ Service Recipient/Family Member

☐ Other Provider

☐ Other: _____

Confidentiality Status:

☐ Anonymous

☐ Confidential

☐ Name: _____

Phone: _____

Type of Report:

☐ Suspected Violation/Misconduct

☐ Regulatory Inquiry

☒ County P&P

☐ Ethical Business Practice

☐ Other Provider

☐ Other: _____

Is this question about the Compliance Program? Yes _____ No _____ *If yes, indicate question here:*

Is this a suspected violation of the Compliance Program? Yes _____ No _____ *If yes, answer the questions below and attach additional sheets if necessary:*

Please describe in much detail as possible, the violation: *(Please be specific where the violation may have occurred)*

When did this occur? ____/____/____ Were you directly involved? Yes _____ No _____ *If yes, describe what you did:*

Who else was directly involved? *(Names and positions, if known):*

1. _____
2. _____
3. _____

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Is there any documentation or other evidence of the alleged violation? *Please describe/list or attach:*

Has the reporter discussed this issue with anyone else within the County? *Please list by name and position:*

1. _____
2. _____
3. _____

Has the reporter discussed this with others outside of the County? *Please identify by name and relationship:*

1. _____
2. _____
3. _____

Completed by: _____

Date: _____

Title: _____

Forward completed form to Compliance Officer

For Use by the Compliance Officer

Follow Up:

Reported to Compliance Officer: _____ By: _____ Date: _____ Time: _____

Reported to County Administrator: _____ Date: _____

Reported to Compliance Committee: _____ Date: _____

Reported to Board: _____ Date: _____

Actions Taken:

- | | |
|--|--|
| <input type="checkbox"/> Immediate response provided | <input type="checkbox"/> Internal Investigation initiated; assigned to _____ |
| <input type="checkbox"/> Research regulations | <input type="checkbox"/> External Investigation, entity _____ Date: _____ |
| <input type="checkbox"/> Research County P&P | <input type="checkbox"/> Referred to legal counsel _____ Date: _____ |
| <input type="checkbox"/> Responded to reporter; date _____ | |

Summary of Action Taken:

Final Disposition by Compliance Officer:

Classification: _____

Compliance Report Log Number: _____

Completed by:

Name, Compliance Officer

Signature

Date