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Do not send.

MICHIGAN MEDICAL GROUP MANAGEMENT ASSOCIATION COMPLIANCE HOTLINE FORM

COMPLIANCE REPORT (To be completed by Hotline Staff)

1. Date _____ Time _____

2. Verify compliance issue []

3. Identify the organization that the caller has concerns about:

Name _____

4. Determine if the caller wishes to remain anonymous (If yes skip to #6)

Yes [] No []

5. Name of caller and how to contact the Individual

6. Identify the specific concern. Ask questions as appropriate.

7. Describe specific problem. (People involved, etc.)

8. Any particular location involved or does it involve entire organization?

9. Time frame...when did this begin.... has it ended? _____

10. How does the caller know about this? (saw it happen, etc.)

11. Why is this a problem (impact on patients, employees or others)?

12. Who is responsible (name or position)? _____



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13. Provide severity level and review with caller for concurrence (Check one box)

- Critical- an immediate threat to person(s), property or environment and requires verbally contacting the contact person immediately regardless of the hour of the day or day of week.
- Severe- a threat to person(s), property, or environment but not immediate. This requires verbally contacting the contact person during reasonable hours.
- Moderate- assigned to all other calls.