

HCCA Compliance 101, 4th Edition

APPENDIX H | Sample Compliance In-Take Forms

CONFIDENTIAL / Attachment A / Policy# 15

Corporate Compliance Office Compliance In-take Form		Concern originates from: <input type="checkbox"/> ABC Health System <input type="checkbox"/> 123 Health System		Reporting Method used: <input type="checkbox"/> Letter (attached) <input type="checkbox"/> E-mail <input type="checkbox"/> In person (drop in) <input type="checkbox"/> Phone Call <input type="checkbox"/> Fax	
Date reported:		Time:		Received by:	
Name of Person Reporting Concern:					
Person's Title:					
<input type="checkbox"/> Does not wish to give name			<input type="checkbox"/> Requests identity to be kept in confidence		
Contact Phone Number:		home:		work:	
Nature of Call:	<input type="checkbox"/> Complaint	<input type="checkbox"/> Request for Guidance	<input type="checkbox"/> Informational		
Site/Location of Concern:					
Relevant Information About Allegation:					
Was this concern reported to Compliance Office previously? (If yes, review existing file)		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not sure	
Initial Advice or Information given to person when reporting the concern:					

Does investigation need to be done by another department?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, department contact:		date routed:	
Was the concern resolved?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not sure (Concern forwarded to other department for resolution)
<input type="checkbox"/> Concern entered into CompTrack / paperwork filed			
<input type="checkbox"/> Concern routed to:		for entry in CompTrack	

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