

Kalamazoo Community Mental Health & Substance Abuse Services
COMPLIANCE VIOLATION REPORTING

Instructions If you believe that an employee (or program) of Kalamazoo Community Mental Health and Substance Abuse Services (KCMHSAS) or any of its network Provider Organizations is in non-compliance with KCMHSAS policy, contract or some other law or regulation please use this form to submit a complaint. The compliance staff will review the complaint, consult legal counsel if necessary, and may conduct an investigation. Forward this complaint to the Compliance Office at the address below. This form may be submitted via postal service, e-mail, or in-person at the address below (please keep a copy for your records). Or you may contact the Compliance Office by phone via the confidential toll free number 1-866-939-4823.	
Complainant's Name: (if non-anonymous) If Anonymous, please provide a four (4) digit ID for follow-up contact:	Name of Person / Agency alleged in Non-Compliance: Type of Complaint (<i>Check all that apply, if known</i>) <input type="checkbox"/> False Claims Act <input type="checkbox"/> HIPAA Security <input type="checkbox"/> Anti-Kickback Statute <input type="checkbox"/> HIPAA Privacy <input type="checkbox"/> Self-Referral Prohibition <input type="checkbox"/> HITECH <input type="checkbox"/> Whistleblower Act <input type="checkbox"/> CFR Rule <input type="checkbox"/> MDCH/PIHP Contract <input type="checkbox"/> Medicaid Provider Manual <input type="checkbox"/> PIHP/CMH Contract <input type="checkbox"/> CMH/Provider Contract <input type="checkbox"/> SMA/PIHP Policy <input type="checkbox"/> CMH/CA Local Policy <input type="checkbox"/> Not Sure <input type="checkbox"/> Other: (<i>describe</i>):
Complainant's Address/Phone: Date of Occurrence:	
Description of the actions and events that occurred giving rise to the complaint: 	
If applicable, describe your involvement in the incident: 	
Complainant's Signature: (<i>if non-anonymous</i>)	Date
Forward Complaint To: KCMHSAS Compliance Office 2030 Portage St. Kalamazoo Michigan 49001 1-866-939-4823 1-269-364-6986 e-mail: compliance@kazoocmh.org	
For Administrative Use Only	
Date Complaint Received:	Complaint Number:
Category:	Investigation Assigned to: