



LifeWays
REPORT OF SUSPECTED NON-COMPLIANCE

This form may be used to report any suspected incident of non-compliance involving LifeWays Community Mental Health staff or provider staff under contract with LifeWays. This form may be submitted to the LifeWays Compliance Officer by email (ken.berger@lifewaysmi.org), by mailing it to the LifeWays Compliance Office (1200 N. West Ave., Jackson, MI, 49202). A report may also be made by calling the Whistleblower Hotline (517-789-2485). **PLEASE NOTE: YOU MAY REPORT ANONYMOUSLY BY MAIL OR PHONE AND OMIT YOUR NAME/CONTACT INFORMATION.**

Name of Person/Agency you are reporting	Date the Incident/Action occurred
Address of Person/Agency you are reporting	Date of this report
Your name <i>Not required if anonymous</i>	How to contact you <i>Not required if anonymous</i>
Please describe the type of incident/action that you are reporting on: Illegal, Improper, or Unethical Conduct; Medicaid Fraud, Waste, Abuse, or Improper Claims for Service; Health Insurance Portability and Accountability Act (HIPAA) Privacy or Security; Other type of incident/action.	
Please describe the incident/action in as much detail as possible, especially if you are reporting anonymously. Attach additional pages if necessary	