



**Corporate Compliance Complaint/Issue Form  
Confidential**

Department Involved: \_\_\_\_\_

Employee involved (if applicable): \_\_\_\_\_

Patient Acct #: \_\_\_\_\_

Date of occurrence: \_\_\_ / \_\_\_ / \_\_\_

Date incident reported: \_\_\_ / \_\_\_ / \_\_\_

Description of incident:

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\_\_\_\_\_  
*Name (printed): Optional*

\_\_\_\_\_  
*Date:*

**Submit Form to:**  
**Corporate Compliance Officer/Committee Member**  
[complianceofficer@nemvch.org](mailto:complianceofficer@nemvch.org) OR 785-336-0331

Date received by CC: \_\_\_ / \_\_\_ / \_\_\_

Received by (initials) \_\_\_\_\_