

Spokane County Counseling and Recovery Services (CAREs) Division

Compliance, Fraud, and Abuse Report Form

Date: _____ Date(s) the suspected violation occurred/is occurring: _____

Date of Discovery: _____ How was this discovered? _____

Name of Individual/group suspected of committing a violation: _____

What kind of fraud are you reporting?

- false documentation potential criminal acts fraudulent billing practices
- conflicts of interest kickbacks/bribes unethical behaviors
- confidentiality violations other _____
- inappropriate and unprofessional behavior related to practice guidelines.

Please describe the reason you believe a violation has occurred (who, what, where, when, how)

Please list any supporting evidence and where it can be obtained

Has this been reported to any other authorities? Please list if yes.

The information you share will be investigated and addressed in a timely manner. Every effort will be made to keep your identity confidential. The compliance team that investigates a complaint may include the Healthcare Compliance Analyst, compliance officer, senior management and Spokane County attorneys. We are required to investigate reports and take appropriate corrective action. In addition, we are required to report some illegal issues directly to federal and state authorities.

You may prefer to report anonymously. However, we will be unable to follow up or get additional necessary information if you do not provide your name and contact information. Your name will be kept confidential to the extent possible under the law. By law, your employer may not retaliate against you for making good faith reports of potential violations.

Optional Information:

Person Reporting – Name _____ Title _____

Phone _____ Email: _____

Please mail this form to: Kate Kennedy, Health Care Compliance Analyst
Spokane County CSHCD
312 West 8th Avenue
Spokane, Washington 99204