



**Corporate Compliance Plan**

**ISSUE REPORT – Part I - CONFIDENTIAL**

**Report Date:** \_\_\_\_\_ **Report completed by:** \_\_\_\_\_

**Reported by (Optional):** \_\_\_\_\_ **Position (Optional):** \_\_\_\_\_

**Location/Site:** \_\_\_\_\_

**Method of Reporting:** \_\_\_ In Person \_\_\_ Telephone Contact \_\_\_ Help Line  
\_\_\_ Written Correspondence

**Full Description of the Compliance Issue:** (Use additional blank pages as needed)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Signature/Title (Optional)** **Date**

**Immediate Action taken by Corporate Compliance Director:**

- Not a compliance issue – re-directed individual to appropriate supervisor/manager/director. Notified the President.
- Determined to be an OMRDD incident – immediately forwarded to the ADQSS
- Determined to be a DOH incident – immediately forwarded to the ADQSS
- Determined to be a HIPAA violation – immediately notified Privacy Officer and processed report in accordance with agency HIPAA policy.
- Initiated Corporate Compliance investigative process – Notified President, Vice Presidents, as warranted Program Director. Date: \_\_\_\_\_
- Contacted Outside Legal Counsel. Informed President.



## Corporate Compliance Plan

### ISSUE REPORT- Part II – CONFIDENTIAL DIRECTOR’S CORRECTIVE ACTION PLAN

**Report Code:** \_\_\_\_\_ **Report Date:** \_\_\_\_\_

**Date of Action Plan:** \_\_\_\_\_

1. **VOIDS:** Yes \_\_\_\_\_ No \_\_\_\_\_

**If Yes, please explain:**

2. **OTHER ACTIONS NECESSARY:**

**Immediate Corrections:**

**Systemic Corrections:**

\_\_\_\_\_  
**Signature, Title**

\_\_\_\_\_  
**Date Report Completed**



**ISSUE REPORT – Part III - CONFIDENTIAL**

**Report Date:** \_\_\_\_\_ **Report Completed by:** \_\_\_\_\_

**Reported by:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Location/Site:** \_\_\_\_\_ **Date of Resolution:** \_\_\_\_\_

**Date of Action Plan:** \_\_\_\_\_

**Resolution:**

- Re-education Effort**
- Disciplinary Action**
- Change in Policy and Procedure**
- Disclosure to appropriate outside agent.**
- Other: Please describe below:**

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**Financial Void Report Received:** \_\_\_\_\_ **(Date)**

- Reviewed by Corporate Compliance Committee on \_\_\_\_\_.**
- Not reviewed by Corporate Compliance Committee for legal reasons (please provide details below)**

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\_\_\_\_\_  
**Signature, Title**

\_\_\_\_\_  
**Date Report Completed**