



GRIEVANCE FORM

For Reporting Health Insurance Portability and Accountability Act (HIPAA), Fraud, Waste, and Abuse (FWA) Violations or Noncompliance

Clients may report any suspected HIPAA, FWA, compliance concerns, suspected or actual violations directly to both the DHHSC management and Board of Directors for review.

Your name: _____

E-mail or contact info: _____

Dates of noncompliance or violation(s): _____

Grievance against who?: _____

Please check which applies:

- HIPAA Violation
- FWA Violation
- Noncompliance

Please describe the circumstances that you consider a noncompliance issue or violation of HIPAA and/or FWA laws by the staff mentioned above:

DHHSC Management and/or the Board of Directors will review the report and take any necessary action to resolve the matter within five business days.

Received by: _____

Date: _____