**Fraud or Abuse Complaint Form**

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| You may remain anonymous or share your contact information and request that your name not be used. Your name will be left out of the report, but if you provide the information we will be able to contact you and ask any questions we may have.  **Name** (optional): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Phone Number** (optional): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **May we use your name?** Yes \_\_\_\_\_\_\_ No\_\_\_\_\_\_\_ |
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| **Your Status:** *(Check all that apply)* |
| Member \_\_\_\_\_ Provider \_\_\_\_\_ Employer \_\_\_\_\_ Law Enforcement \_\_\_\_\_ Other \_\_\_\_\_ |
|  |
| **Your complaint is against:** *(Check all that apply)* |
| Member \_\_\_\_\_ Provider \_\_\_\_\_ Employer \_\_\_\_\_ Law Enforcement \_\_\_\_\_ Other \_\_\_\_\_ |

**Summary of complaint and individuals involved**

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| *(Please list details of the complaint to including the names, contact information including an address and phone number. Details of incident or services such as date of service, copay charged and paid, etc. You can also include support materials such as Explanation of Benefits (EOB) that provide examples of your complaint.)* |
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