

COMPLIANCE INCIDENT REPORT

INVESTIGATION REPORT NUMBER: _____ **INVESTIGATION REPORT DATE:** _____

CONTACT INFORMATION OF PERSON REPORTING COMPLIANCE INCIDENT:

Please provide your name and contact information *unless you choose to remain anonymous:*

First: _____ Last: _____ Job Title: _____

Phone Number: _____ Email: _____

Best Method of Contact: _____ (phone, email, text)

Is the person a Galen Medical Group employee: _____ YES _____ NO

If **No**, what is the persons relationship with the Galen: _____

OR Person wishes to remain anonymous.

INDIVIDUAL(S) WITH KNOWLEDGE OF THE INCIDENT:

The following individuals have information regarding the incident in question:

First: _____ Last: _____ Job Title: _____

Phone Number: _____ Email: _____

Other Contact Information: _____

First: _____ Last: _____ Job Title: _____

Phone Number: _____ Email: _____

Other Contact Information: _____

First: _____ Last: _____ Job Title: _____

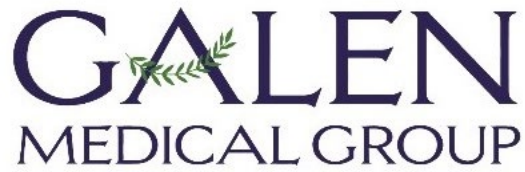
Phone Number: _____ Email: _____

Other Contact Information: _____

First: _____ Last: _____ Job Title: _____

Phone Number: _____ Email: _____

Other Contact Information: _____



COMPLIANCE INCIDENT REPORT CONTINUED

INCIDENT DETAILS:

When did the incident occur: _____ Where did the incident occur: _____

Please provide a summary of the incident as reported by the individual initiating the investigation, including ALL relevant details:

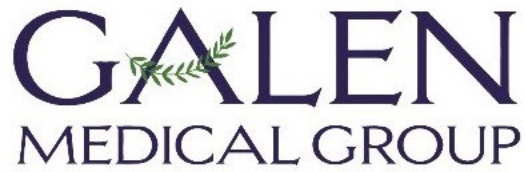
Any documentation or supplemental material that will aid in Galen's investigation should be saved in a file with the investigation report number in the file name.

INITIAL INVESTIGATION RESULTS:

Investigator's Full Name: _____ Department: _____

Investigation Start Date: _____

Investigation Findings: Give a detailed description of the findings of the investigation:



COMPLIANCE INCIDENT REPORT CONTINUED

FOLLOW- UP INVESTIGATION SUMMARY:

Investigation Follow-Up Date: _____ Was the investigation redirected: _____ YES _____ NO

If **Yes**, to whom: _____ Department: _____

Investigation Follow-Up: Give a detailed summary of the investigation follow-up:

Investigation Follow-Up Date: _____ Was the investigation redirected: _____ YES _____ NO

If **Yes**, to whom: _____ Department: _____

Investigation Follow-Up: Give a detailed summary of the investigation follow-up:

Investigation Follow-Up Date: _____ Was the investigation redirected: _____ YES _____ NO

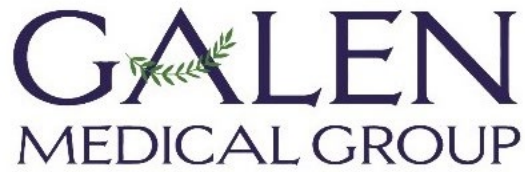
If **Yes**, to whom: _____ Department: _____

Investigation Follow-Up: Give a detailed summary of the investigation follow-up:

Investigation Follow-Up Date: _____ Was the investigation redirected: _____ YES _____ NO

If **Yes**, to whom: _____ Department: _____

Investigation Follow-Up: Give a detailed summary of the investigation follow-up:



COMPLIANCE INCIDENT REPORT CONTINUED

INVESTIGATION MITIGATION:

Investigator's Full Name: _____ Department: _____

Was incident reported to government: _____ YES _____ NO

Investigation End Date: _____

Mitigation: Give a detailed description of the remediation:

OTHER IMPORTANT INFORMATION TO BE INCLUDED IN THIS INVESTIGATION:

Was incident reported to government: _____ YES _____ NO

COMPLIANCE OFFICER: Savannah Knuettel

SIGNATURE: _____