



**Witness(es) to the Incident: Include name, department and contact information**

**Detailed Description of the Incident: Who, What, When and Where Additional Information can be located.**

**Cause of the Violation (if known):**

**Actions Taken/Mitigation of Risk (if any):**

**Have you discussed this incident or concern any other CMH employee? If so, please provide their names, department and contact information.**

**Would you be willing to discuss this concern with the Compliance Officer or a Corporate Compliance Team Member?**

Yes

No

***Optional Information***

Your Name: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone Number \_\_\_\_\_  Work \_\_\_\_\_  Home \_\_\_\_\_  Cell \_\_\_\_\_

Can we leave a message?

Yes

No

Best time(s) and day(s) to call:

\_\_\_\_\_

***NOTE:*** Every effort will be taken to ensure the confidentiality of this information. However, there may be circumstances where disclosure of this information may become necessary.

Although not required, you are encouraged to include your name and phone number where you can be contacted to ask additional questions and provide you with feedback. Inability of Compliance Department to contact you with follow-up questions can result in inability to fully investigate and address the concern.

If you choose not to include this information, it is suggested that you call the Compliance Officer within fifteen (15) days of submitting this report in order obtain an update on the report. You may reach the Compliance Officer at (816) 701-4570 during regular business hours.

***The Reporting Form can be returned through any of the avenues below:***

(1) US Mail at:

Compliance Officer  
Children's Mercy Hospital  
2401 Gillham Road  
Kansas City, MO 64108

(2) Scanned and emailed to [compliance@cmh.edu](mailto:compliance@cmh.edu).