

CONFIDENTIAL

Compliance Incident Report Form

Please submit this form with all pertinent documentation to the Compliance Department at Compliance@hpsm.org. You have the option to report anonymously by calling (800) 826-6762.

Reporting Individual Information (Optional)		
Name:	Date:	
Department:	Contact Number:	
Referral Type (Required)		
Member	Provider	HPSM
Multiple members involved?	No	Yes – If yes, please attach a list of members.
Details of Incident (Required)		
Date(s) of incident:		
Who was involved:		
Where incident occurred:		
Description of incident:		
Member Information (Required)		
Member Name:	Line of Business:	
Member ID No.:	Phone Number:	
Date of Birth:	Address:	
Provider Information (Required)		
Provider Name:	Phone Number:	
Provider HS ID:	Address:	