Rock County Human Services

NON-COMPLIANCE REPORTING FORM

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[HSD MA COMPLIANCE Email]

Introduction: The Rock County HSD Compliance Committee has created this form as a means to report concerns regarding non-compliance as outlined in the HSD MA Compliance Plan. All staff are responsible for reporting concerns with non-compliance and the HSD Compliance Committee will investigate those concerns to the best of its ability in a non-retaliatory, transparent manner.

Confidentiality and Anonymity is not requested. If necessary, you may contact me for additional information and I do not place any restrictions on the release of my contact information. Please fill out the contact form below.

I wish to remain Confidential. You may contact me for additional information, but please keep my name confidential and do not share it outside of Rock County Human Services. Our policy is to honor requests for confidentiality and not to release any data that would identify such individuals unless required to do so by order of law (e.g., court order/subpoena). Please fill out the contact information below.

I wish to remain Anonymous. By remaining anonymous, the reporter limits the capabilities of Rock County Human Services to investigate areas of concern. It is important to note that we will not be able to contact you if we need additional information about your complaint and the results of any investigation.

***Using the following list, please choose your filing status:**

☐	Confidentiality and Anonymity is not requested.
☐	I wish to remain Confidential.
☐	I wish to remain Anonymous.

Are you filing as a Rock County Employee or as a Contracted Provider?

☐	Rock County Employee
☐	Contracted Provider
☐	Other

Personal Contact Information:

Name	
Email Address	
Street Address	
City, State, Zip Code	
Phone Number	

Identify individual or entity that is allegedly not in compliance with the HSD Compliance Plan.

☐	Individual
☐	Entity

Name	
Email Address	
Street Address	
City, State, Zip Code	
Phone Number	

Primary relationship to the affected person (***if other than reporter)***.

Relationship: (i.e., Witness, Family, etc.)	

Summary

Please furnish the facts of the alleged non-compliance. Include who, what, when, where, and how. Please provide as much detail as possible to assist us in our investigation.

ATTACH DOCUMENTS