MEDICAID FRAUD AND PATIENT ABUSE UNIT COMPLAINT FORM

1. Reporting Party:

Name:______________________________________________________________________________
Address:______________________________________________________________________________
City: ____________________________ State and Zip Code ____________________________
Home Phone: ____________________________ Work or Cell Phone ____________________________
E-Mail Address: _____________________________________________________________________
What is the best time for an investigator to contact you? _________________________________
How would you like to be contacted? Phone? E-Mail? Other? ______________________________

2. Victim/Patient:

Name:______________________________________________________________________________
Address:______________________________________________________________________________
City: ____________________________ State and Zip Code ____________________________
Home Phone: ____________________________ Work Phone: ________________________________
3. Facility/ Medicaid Provider:

Name: ________________________________________________________________

Address: ___________________________________________________________________

City: ___________________________ State and Zip Code_________________________

Telephone: ________________________________________________________________

4. Alleged Perpetrator:

Name: ________________________________________________________________

Address: ___________________________________________________________________

City: ___________________________ State and Zip Code_________________________

Date of Birth: _____________________________________________________________

Physical Description-Approx. Age, Ht. Wgt. Race, etc_________________________

5. Date of Incident:

Date or Dates of Incident: ____________________________________________________

Alleged Act or Concern: ____________________________________________________

6: Your Relationship to Victim:

__________________________________________________________________________
Note on Anonymous Complaints:

Please be aware that while anonymous complaints will be thoroughly investigated to the best of our abilities, in most instances, investigators have follow-up questions which can assist in the investigation and can only be answered by the complainants.

Rhode Island General Laws are in place to protect “Whistleblowers”. Employers may not take retaliatory actions or discriminate against employees who file complaints against them.

Requirements of employees to report crimes in facilities:

Please note that there are state and federal laws which require the reporting of crimes by those individuals employed at facilities who have a reasonable belief that a crime has been committed at said facility.