Department of Mental Health
Compliance Privacy Audit Services
p. 1(213)-739 -2390 | e: compliance@dmh.lacounty.gov

COMPLIANCE INCIDENT REPORT

REPORT NUMBER:

CLAIMANT NAME:	DEPARTMENT/ UNIT:	CLAIMANT PHONE:
EMPLOYEE TITLE:	DATE:	CLAIMANT EMAIL:

INCIDENT INFORMATION:

DATE OF INCIDENT	TIME OF INCIDENT	LOCATION OF INCIDENT

TYPE OF COMPLAINT:

- ☐ FRAUD, WASTE, OR ABUSE
- ☐ BILLING OR DOCUMENTATION IRREGULARITIES
- ☐ CONFLICTS OF INTEREST
- ☐ PRIVACY OR CONFIDENTIALITY VIOLATIONS OR CONCERNS
- ☐ VIOLATIONS OR LAWS, REGULATIONS, OR COUNTY OR DMH POLICIES
- ☐ ETHICAL CONCERNS OR MISCONDUCT
- ☐ RETALIATION FOR REPORTING CONCERNS
- ☐ PRIVACY OR HIPPA CONCERNS

INDIVIDUALS/AGENCIES/PROVIDERS INVOLVED:

NAME	EMPLOYEE NUMBER	TITLE	DEPARTMENT	ROLE IN INCIDENT

DESCRIPTION OF INCIDENT:

RISK AND ISSUE HISTORY

ISSUE	ASSIGNED TO	DATE

CONFIDENTIAL INFORMATION INVOLVED:

Was Protected Health Information (PHI) involved?

- ☐ Yes
- ☐ No

If yes, describe the information involved:

IMMEDIATE ACTION TAKEN:

NOTIFICATION AND ESCALATION:

Individuals Notified:

- ☐ Yes
- ☐ No

Name	Date	Notified by: (Email, Phone, etc.)

Additional Departments Notified:

- ☐ Compliance
- ☐ Privacy
- ☐ Audit Services
- ☐ Clinical Investigation Unit
- ☐ Information Security
- ☐ Human Resources
- ☐ Other: _____

ADDITIONAL INFORMATION:

(Supporting documentation, emails, names of potential witnesses)