

FRAUD, WASTE AND/OR ABUSE COMPLAINT FORM

ALLEGATION

Please provide as much information as possible. If you do not know the answer to a question, you can leave the space blank.

WHAT
Provide details of the alleged fraud, waste, abuse or mismanagement. Examples of facts and circumstances to include are (1) a description of the misconduct; (2) how you know about the allegation; (3) how and when the
misconduct was discovered; (4) the amount of money involved; (5) how long the alleged misconduct occurred; (6) attempts by the alleged violator(s) to hide the misconduct; and (7) any other information you believe may be
relevant.
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WHEN
When did the misconduct occur? If the misconduct occurred over time or is currently ongoing, enter the actual or
approximate start date.
Date (mm/dd/yyyy): Time (hh:mm):
WHERE
Where did the misconduct occur? Complete all known fields

Where did the misconduct occur? Complete all known fields.





City:	State:	ZIP Code:
	WHO	
		d misconduct. If more than one person is involved
st name:		
liddle initial:		
ast name:		
treet address:		
	State:	ZIP Code:
E-mail:		
ompany, organization, or oplicable):	other entity affiliation of the primary	person who engaged in the alleged misconduct (
Iditional individuals involv	red in the alleged misconduct:	



Remain confidential: □YES □NO

	OTHER		
•	•	such as (1) a list or description of any o the complaint; (2) the names and contact	
information for other witnesses wh	no could provide additional informat	ion; and (3) any other information you	
believe may be relevant to the com	nplaint.		
	YOUR INFORMATIO	N	
First name:			
NA: alalla installa			
Middle initial:			
Last name:			
Street address:			
City:	State:	ZIP Code:	
E-mail:	Phone number <u>: ()</u>		
		- 	

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Pharmacy
Benefit
Management