

## Non-Compliance Complaint Form

Stakeholders can use this form to file a complaint with the Bronx RHIO of suspected non-compliance with any applicable laws (federal, state and Certification Requirements). Complaints must be files within 180 days of any suspected infraction.

Role of Person Submitting Complaint:

Participant  Patient  Provider

Participating Member Organization (if applicable): \_\_\_\_\_

Name of QE involved: \_\_\_\_\_

Name of Participant involved (if applicable): \_\_\_\_\_

Suspected Non-Compliant Category:

State  Federal  QE Compliance  Other: \_\_\_\_\_

Why is this believed to be non-compliant? : \_\_\_\_\_

All dates related to suspected non-compliance: \_\_\_\_\_

All locations related to suspected non-compliance (if applicable): \_\_\_\_\_

### Please Complete Information Below:

Name \_\_\_\_\_  
First M.I. Last

Title (if applicable) \_\_\_\_\_

Phone 1 \_\_\_\_\_ (Best direct contact number)

Phone 2 \_\_\_\_\_

Street Address (Primary Practice location if participant) \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

e-mail - business \_\_\_\_\_

e-mail - personal \_\_\_\_\_

State License # (if applicable) \_\_\_\_\_

NPI (if applicable) \_\_\_\_\_

Preferred Contact Method:  Email  Phone  Mail

Please submit completed forms via email to [Information@BronxRHIO.org](mailto:Information@BronxRHIO.org) or fax to (718) 708-7272