



## Compliance Reporting Form *Confidential*

Date Reported:	Time:
Department:	
Department Head:	
Anonymous Reporting: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Person Reporting the Incident (Optional):	
<input type="checkbox"/> Do not wish to give name <input type="checkbox"/> Requests identity to be kept in confidence <ul style="list-style-type: none"> <li>• If you are making an anonymous report, please be sure you provide enough information to allow the matter to be investigated thoroughly.</li> <li>• Think: who, what, when, where, how.</li> </ul>	Can Corporate Compliance Contact you: <input type="checkbox"/> <input type="checkbox"/>
Contact Information (Optional):	
Name of First Tier Down, Downstream Related Entity:	

Line of Business: <input type="checkbox"/> LiveWell <input type="checkbox"/> CareWell <input type="checkbox"/> BeWell <input type="checkbox"/> FeelWell <input type="checkbox"/> MLTC <input type="checkbox"/> FIDA
Number of Potential Beneficiaries Impacted:
Date Incident Identified:
Regulation Affected:
Description of Incident:

### **Non-Retaliation Policy**

As a matter of policy AgeWell New York protects employees who report suspected violations, and when requested will ensure confidentiality of compliance reporting and compliance investigations to the extent applicable under law.