



Compliance/HIPAA Confidential Report of Concern

Please include all the factual details of the suspected violation, however big or small, to ensure that the HSC Compliance Office has all of the information necessary to conduct a thorough investigation. Please attach additional pages as needed. The information that you provide should include names, dates, times, places, and a detailed description of the incident that led you to believe that a compliance or privacy violation has occurred. Please include a copy or a description of any documents that support your concerns.

Date of this report: _____

Name of person making this report: _____
(optional)

Description of the violation(s): _____

Detailed description of the incident(s) resulting in the violation (include names, dates, times, and places):

Name(s) of person(s) involved in the incident and an explanation of their role: _____

Name(s) of other person(s) having knowledge of the incident: _____

Department where the incident occurred: _____

Date(s) of the incident: _____

Explanation of how you became aware of the suspected violation: _____

Please attach or describe any documents that support your concern (include a description of the documents, the identity of the persons who wrote the documents, the dates of the documents, and the location of the documents).

Please send completed form with all documentation to:
University of New Mexico, HSC Compliance Office
MSC11 6150, 1 University of New Mexico, Albuquerque, NM 87131-0001
Telephone 505-272-1180 FAX 505-272-3354