

**MERCYCARE SERVICE CORPORATION
CORPORATE COMPLIANCE PROGRAM**

INCIDENT REPORTING FORM - HOTLINE

Date: _____

Name of Individual reporting (optional): _____

Type of incident/issue: _____

Department Involved: _____

Names of Individuals Involved: _____

Description of the incident/issue and/or additional information: _____

Please use this form to submit your concern or document your thoughts before you telephone the hotline at:
319-369-4586

If submitting please clearly mark **CONFIDENTIAL** and submit via interoffice or US Mail please to:

Attn: Director of Organizational Integrity

Mercy Medical Center,

701 10th St SE

Cedar Rapids, IA 52403

