



HEALTH PLAN

Fraud, Waste and Abuse Complaint Form

Your Information

This section refers to you, the person reporting non-compliance.
You can remain anonymous by not completing this section.

| | |
|--|--|
| Name | |
| Address | |
| City/State/Zip | |
| Contact Information <i>(what is the best way to contact you, i.e., by phone or email)</i> | |

Individual or Company that the complaint is about

Complete as much information in this section as you can.

| | |
|---|--|
| Name | |
| Address | |
| City/State/Zip | |
| Phone Number | |
| Date of Incident(s) | |
| Summary of Complaint <i>(Add more pages if needed)</i> | |

Return this form by:

- **Mail:** McLaren Health Plan - Compliance Department
Suite 200
G-3245 Beecher Rd
Flint, MI 48532; or
- **Fax:** (810) 733-5788; or
- **Email:** mhpcompliance@mcclaren.org