



RESEARCH COMPLIANCE VIOLATION REPORT

This form is for reporting alleged violation of state or federal requirements which the Compliance Officer has jurisdiction to investigate.

Note: This form is not for reporting grievances or general complaints. Follow the proper procedure for such complaints.

PLEASE COMPLETE ALL OF THE FOLLOWING INFORMATION:

Today's Date:

Name (optional):

Email (optional):

Phone # (optional):

Position (optional):

PLEASE NOTE: Although this information is not required for an investigation to be conducted, the Compliance Officer will be unable to report findings back to you or to obtain additional information if needed without this information. Western Michigan University Homer Stryker M.D. School of Medicine does not permit retaliatory action against employees or contractors who, in good faith, report violations.

Please provide a detailed description/report of the violation below:

- If known, please provide the department and location where this activity took place:
- Provide the names of employees or others you believe are involved in or aware of the violation:
- How did you become aware of this activity?
- To your knowledge, how long has this activity been going on?
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- Do you think management is aware of this problem? Yes No Unknown
- Has this violation been reported to anyone previously within the organization? Yes No Unknown
- If yes, to whom and when?
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- Can we contact you if we have additional questions (optional)? Yes No
- If yes, how & when do you prefer to be contacted? Please provide relevant contact information & available timeframes.
- What is the federal/state/policy requirement that you believe has been violated?

Please include any supporting documentation you may have with your submission, or indicate where that documentation may be found.