



Vitra Health
Report a Compliance or Ethics Concern

Use this form to report to Vitra Health any compliance or ethics concern including any concerns regarding fraud, waste, and abuse. Please provide as much detail as possible. Send your completed form to one of the following (**Note:** if you wish to make an anonymous report, please send this form by mail or from a proxy email address. No attempt will be made to discover the identity of someone making an anonymous report).

- Email at: Compliance@vitrahealth.com
- Mail to: 150 Wood Road Suite, 201
 Attention: Compliance Officer
 Braintree, MA 02184

1. Person Completing the Report

| | | | |
|------------------------------------|--|--------------|--|
| Name | | Phone | |
| Business Name if Applicable | | | |
| Email | | | |
| Address | | | |

2. Incident Details

| | | | |
|-------------------------|--|-----------------------|--|
| Date of Incident | | Date of Report | |
|-------------------------|--|-----------------------|--|

| |
|---|
| Description of Incident (describe what happened. Include details, names, and dates). |
| |



Continued - Description of Incident.

A large, empty rectangular box with a black border, intended for the description of the incident.