



DEPARTMENT OF ATTORNEY GENERAL
150 South Main Street • Providence, RI 02903
(401) 274-4400 • TDD (401) 453-0410
Peter F. Kilmartin, Attorney General

Return completed form to jmcgehearty@riag.ri.gov or fax to 401-222-3014

MEDICAID FRAUD AND PATIENT ABUSE UNIT COMPLAINT FORM

1. Reporting Party:

Name: _____

Address: _____

City: _____ State and Zip Code _____

Home Phone: _____ Work or Cell Phone _____

E-Mail Address _____

What is the best time for an investigator to contact you? _____

How would you like to be contacted? Phone? E-Mail? Other? _____

2. Victim/Patient:

Name: _____

Address: _____

City: _____ State and Zip Code _____

Home Phone: _____ Work Phone: _____

3. Facility/ Medicaid Provider:

Name: _____

Address: _____

City: _____ State and Zip Code _____

Telephone: _____

4. Alleged Perpetrator:

Name: _____

Address: _____

City: _____ State and Zip Code _____

Date of Birth: _____

Physical Description-Approx. Age, Ht. Wgt. Race, etc _____

5. Date of Incident:

Date or Dates of
Incident: _____

Alleged Act or
Concern: _____

6: Your Relationship to Victim:

Note on Anonymous Complaints:

Please be aware that while anonymous complaints will be thoroughly investigated to the best of our abilities, in most instances, investigators have follow-up questions which can assist in the investigation and can only be answered by the complainants.

Rhode Island General Laws are in place to protect “Whistleblowers”. Employers may not take retaliatory actions or discriminate against employees who file complaints against them.

Requirements of employees to report crimes in facilities:

Please note that there are state and federal laws which require the reporting of crimes by those individuals employed at facilities who have a reasonable belief that a crime has been committed at said facility.