



Reporting Form

Thank you for taking the time to report your concern. We appreciate your willingness to come forward and you can be assured that your identity will remain anonymous if you so choose. Please understand that the more information you share, the better we can investigate and address your concern.

Contact Information – Please check one.

- I prefer to keep my association with this concern private.
 I am a patient.
 I am an employee.

Details of your concern. Please complete to the best of your ability.

Date(s) of occurrence: _____ Location: _____

Are others aware of your concern? Yes No

Please tell us what happened:

Completed forms should be mailed to:

**Compliance Reports
AppleWhite Dental Partners
40 Main Street, Ste. 100
Dubuque, Iowa 52001**