

NOTICE

Reporting Reasonable Suspicion of a Crime

Vendors of _____
have the following responsibilities and rights under Federal law:

If you reasonably suspect that a crime has occurred against a resident or person receiving care in NAME OF THE FACILITY, you **must** report that suspicion to the police **and** State Survey Agency:

NAME OF local Police Department
PHONE NUMBER

YOUR STATE Department of Public Health
PHONE NUMBER

You must make the report within **two (2) hours** after you first suspect that a crime has occurred if the suspected crime involves **serious bodily injury** to the individual, or within **24 hours** if there is **no serious bodily injury** involved.

WARNING: If you fail to report your reasonable suspicion of a crime, you may be subject to a civil monetary penalty of up to \$300,000 and/or you may be excluded from participation in any Federal health care program.

No Retaliation

NAME OF FACILITY cannot punish you or otherwise retaliate against you for reporting your reasonable suspicion of a crime against a resident or person receiving care from this facility.

Right to Make a Complaint

You have the right to make a complaint to the State Survey Agency (PHONE NUMBER) if NAME OF FACILITY punishes you or otherwise retaliates against you for reporting your reasonable suspicion of a crime against a resident or person receiving care from this facility.

If you have any questions, please contact the Director of Human Resources or the Administrator.