



Fraud, Waste and Abuse Charge Statement (FWA)

This form is supplied by the Board of Certification/Accreditation (BOC) to individuals, groups or organizations (complainants) who want to submit a fraud, waste and abuse charge statement against a BOC accredited facility or a facility in the process of accreditation. To initiate the complaint process, each complainant must complete this form, detailing description of the factual allegations supporting the charges, and send this information to:

Board of Certification/Accreditation
10461 Mill Run Circle, Suite 1250
Owings, Mills, MD 21117
Attn: Credentialing Director
Direct Fax: 410.753.8720

The BOC strongly recommends that all complainants review the [BOC Accreditation Standards](#) before and during the preparation of Fraud, Waste and Abuse Charge Statement in order to understand the organization's standards.

Please note: A facility who is the subject of an FWA charge or investigation will be, and is identified as, the respondent. The person(s) initiating an FWA complaint against a facility will be, and is identified as, the complainant(s).

(Please Print in Ink or Type the Following Information)

Complainant's Name (your name): _____

Complainant's Address: _____

Complainant's Email: _____

Complainant's Phone #: (Work) _____ (Mobile) _____

Respondent Name: _____

Respondent Address: _____

Patient Name: _____
(if known)

4. List of Witnesses and Documents to be Submitted and Considered:

STATEMENT AND CERTIFICATION OF CHARGES

By submitting this Fraud, Waste and Abuse Charge statement, I charge the Respondent facility identified with violation(s) of the BOC Accreditation Standards. I understand that the information submitted to the BOC concerning this complaint proceeding will be kept confidential. I also understand that the Respondent facility will receive a copy of this document, as well as other information that is submitted with regard to the FWA case.

I further certify that the factual allegations made in this Fraud, Waste and Abuse Charge Statement are true and accurate to the best of my knowledge and that these charges are made in good faith.

Signature of Complainant

Date: