

# NON-COMPLIANCE REPORT (NCR)

## SECTION I GENERAL INFORMATION

<b>Director Name:</b>	<b>NCR Control No:</b>
<b>Team Lead Name:</b>	
<b>Employee Name:</b>	
<b>Employee Department:</b>	
<b>Location of Discrepancy:</b>	<b>Date Submitted:</b>
<b>Director Name (print &amp; sign):</b>	
<b>Date :</b>	
<b>RESPONSE DUE:</b>	
<b>Employee Acknowledgment:</b> (print, sign, & date)	

## SECTION II

### DESCRIPTION OF NON-COMPLIANCE - to be completed by Director/Team Lead

<b>DESCRIPTION:</b>
---------------------

# NON-COMPLIANCE REPORT (NCR)

--

<b>Compliance Receive Date:</b>	<b>NCR Control No:</b>
<b>Compliance Review Date:</b>	
<b>Compliance Testing Date:</b>	
<b>Compliance Completion Date:</b>	
<b>TYPE OF NCR:</b> MAJOR <input type="checkbox"/> MINOR <input type="checkbox"/> HIPAA <input type="checkbox"/>	

## SECTION III Review with Senior Team

<b>Date of Senior Team Review:</b>
<b>Date CO reviewed with Director:</b>
DESCRIPTION:

# NON-COMPLIANCE REPORT (NCR)

## SECTION IV ROOT CAUSE CORRECTIVE ACTION

Employee Corrective Action:

**Projected Completion/Implementation Date:**

**Director and Team Lead Review Date:**

**Director, Team Lead, and Specialist Review Date:**

**Employee/Date (print & sign):**

# NON-COMPLIANCE REPORT (NCR)

## SECTION V FOLLOW-UP VERIFICATION

NCR Closed: YES \_\_\_ NO \_\_\_

Compliance Officer Signature/Date:

**Follow-up Comments:**

**Disciplinary Steps for Non-Compliance:**

- Verbal Communication
- Written Warning with Timeline for Correction Action (HR Document)
- PIP Program (HR)
- Other
- Termination (HR)