

## CORRECTIVE ACTIONS INFORMATION REQUEST FORM

This form is intended to solicit detail regarding incidents of disciplinary actions received by the vendor, vendor employees, and/or vendor's downstream entities for violations of standards of conduct, non-compliance with State/Federal requirements and/or incidences of fraud, waste or abuse as reported on the Vendor Annual Monitoring Report reported to Anthem during the monitoring cycle. Please complete the information below for each incident and return to FDR Shared Mailbox: [ComplianceOfficer@FabianInsurance.com](mailto:ComplianceOfficer@FabianInsurance.com)

**Vendor Name:** \_\_\_\_\_

<b>Date of Incident:</b>	
<b>Date reported to FIS &amp;/or Carrier:</b>	
<b>Location incident occurred:</b>	
<b>Employee(s) involved:</b>	
<b>Description of incident:</b>	
<b>How violation was reported:</b>	
<b>Disciplinary action taken:</b>	
<b>Date disciplinary action taken:</b>	
<b>Actions taken to avoid recurrence:</b>	

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