

SPINAL SIMPLICITY, LLC

**WRITTEN REPORT OF
POTENTIAL VIOLATION OF LAW OR COMPLIANCE PROGRAM**

Name (optional): _____

Date Submitted: _____

Date(s) of Incident(s): _____

Description of Incident(s): _____

(attach more pages if necessary)

Please submit this form to your immediate supervisor. Alternatively, this form may be submitted to the Spinal Simplicity Director of Compliance:

By Mail:

- or - By E-Mail:

Director of Compliance
Spinal Simplicity, LLC
10995 Quivira Road
Overland Park, KS
66210

internalreporting@spinalsimplicity.com

Note: If submitting by e-mail and a response is not received within five business days acknowledging receipt of the e-mailed report, the sender must contact the Director of Compliance by phone at (913) 553-4514 to verify that the report was received.