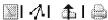# Internal Investigation Form – Compliance View: IC10005445944

Investigation Form

* All required fields will be highlighted in RED until the entry is saved. These required fields must be completed prior to submitting for approval.

Legal Hold? [?]

Manual Notification Was Created [?]

Investigation	Notes	All

Incident Detail

*** HOTLINE LEAD ***

Please Complete the Investigation within 30 Days

Investigation ID		**Date Created**	8/26/2015
* **Location**	00005 - Region #00005 - Southwest	**Date of Incident [?]**	8/25/2015
1 - Location Type	REGION	**Day Of Week**	Tuesday
2 - Department	APD	**Incident Time [?]**	12:22:00 PM
3 - Leadership	Senior Director APS	**Event Type**	Internal
4 - Management	APD TRICIA BRIENEN		
Store Phone Number			
Address			
City			
State			
ZIP			
District			
Region			
Record Status			
Created By	Christine Watzke		
Owner ID	Christine Watzke		
Status	Closed		

Subject Information (0)

Reporting Party [?]

Witness [?]

Person with Knowledge [?]

Parent or Guardian [?]

Victim [?]

Allegation(s)

Subject of Allegation	Allegation	Specific Type	Method	Allegation Status
	Employee Treatment/Conduct	Wage and Hour Policy	Denied Breaks / Meals	

PLAINTIFF TRIAL EXHIBIT
P-27328_00001

* Have You Finalized All Allegation Statuses?

Was Training/Policy Reviewed with Team Members?

Should Compliance be notified?

Reviewed by Compliance:

Should Privacy be notified?

Investigation Detail

Investigative Questions

Were you assisted by any Corporate APS Personnel (Ex. Investigative Analyst)?

LP Dashboard Usage

Was AP Dashboard Used?

Administrative Section

* Do any Prescription Billing Claims need to be Reversed? Please contact your Healthcare Supervisor to coordinate the reversal

* Was Cash, Merchandise or Drugs Involved?

Was Credit or Debit card, W Card, Balance Rewards, Prescription Savings Club or Checking Account information obtained?

Law Enforcement Notified?

View Narrative?

Evidence Attachments

(After attaching Digital Evidence, Retain a Hard Copy Only if Required by Authorities) (0)

Description	File Name	Attached By	Date	Evidence given to PD

Hotline Details/Information

CIA:	No
Quality Assurance?	No
Assign Hotline To:	Assign Manually
Assigned to (Name):	Roberto Valencia, cc: Tim Gorman, Sherry Malusa
Caller First Name	
Caller Last Name	DECLINED
Caller's Title	
Caller Phone #	
Caller Phone Ext.	
Best Time To Call	
Type of Caller	
Anonymous Caller?	Yes
Caller's Email Address	
When:	8/2015, EXACT DATE UNKNOWN
Where:	PHARMACY
How does the caller know about the incident?	WITNESSED
Will it happen within the next 24 hours?	N/A
If so, when?	N/A
If so, where?	N/A
How does the caller know about the hotline?	POSTER
Client Instructions:	THE CALLER HAS BEEN INSTRUCTED TO CALLBACK ON 9/8/2015.

PLEASE TAKE SOME TIME TO REVIEW THE REPORT AND SUBMIT ANY ADDITIONAL QUESTIONS YOU MAY HAVE FOR THE CALLER BY 9/7/2015. PLEASE EMAIL: NETWORKRESPONSE@TNWINC.COM TO APPEND YOUR QUESTIONS.

Is this in reference to a worker's compensation fraud issue?	NO
Did the caller ask about a reward?	NO
Please describe the type of location where the issue occured?	PHARMACY OPS
Please Explain:	
Are you a member of the Union?	NO

Hotline Information

Caller, DECLINED, reported in 8/2015, exact date unknown, the store changed hours in the pharmacy. Vice President, Matt SESTO informed District Manager, Jeff AIRHART, that all Pharmacists would be required to work twelve hour days without lunches or breaks. The caller feels he/she will be mentally fatigued. The caller feels this is damaging and dangerous to the health of the pharmacists. This is a lower volume pharmacy with a shortage of tech helps. The caller feels the situation is unfair. This situation will cause pharmacists to be over worked. The work environment will become hostile because of this situation. The caller feels the stores will need additional tech help. Walgreens could have more prescription errors and a lack of customer service because the Pharmacists will be overworked. The caller feels the store SESTO should add two more work days for the store to be opened and eliminate the twelve hour work days.

Supporting Documentation:
none

Involved Parties

Reported Type	Last Name	First Name	Title	Times Mentioned	Role	Date Notified	Ethnic Origin	Gender	Description	MgtPhone	MgtPhoneExt
Reported	SESTO	MATT	VICE PRESIDENT	0							
Involved	AIRHART	JEFF	DISTRICT MANAGER	0	Witness						

Analyst Comments

Please note operational allegations against and RVP. Unfortunately the caller did not provide any location information other than Albuquerque. Once allegations have been reviewed and resolved, please use the link at the bottom of the email to submit closing comments. Thank you.

Submitter s Name: Roberto Valencia

Submitter sTitle: COVP

Event Number: IC10005445944

District: 05

Location Number: 05

Subject Name: unknown

Date Handled: 09/10/2015

Allegation Was: Unfounded

Disposition: Training Issue

No Retaliation Policy Reviewed: Yes

Brief Synopsis: RVP spoke to DPR and DM to reiterate to the rph what the work schedule, break and meal period looks like in stores that are open 9 to 9

Form Submitted On: 09/10/2015 17:30:04

Forms & Letters (2)

Letter Type	Investigation Related Person	Date Printed/Sent	Printed/Sent by	Printed/Sent
HOTLINE MANUAL FORM		8/26/2015	EMPLOYEE:2349853	Yes
NON-APIS USER CALLBACK IV		9/9/2015	EMPLOYEE:2349853	Yes

Callbacks

To: Roberto Valencia, cc: Tim Gorman, Sherry Malusa

CRCallbacksXML

Field Name	Value
ReportID	121989595
CallbackType	Caller
CallbackDate	09/08/2015
CallbackTime	01:33PM
CallbackNotes	Caller was read the company response and had no new info to add.

Closing Comments

Allegations found to be:	Unfounded
Disposition	Training
Compliance Notes	
No Retaliation Policy Reviewed?	Yes
Message submitted to caller?	Yes
Hotline Investigation Reviewed by Compliance?	Yes
Privacy Notified by Compliance	
Healthcare/Pharmacy Compliance team notified by Compliance	
This Hotline is a(n):	

Related Events

Related incident	• IC10005443931
Related investigation	
Related case	

Notes [?]

No record found

Task (0 Pending)

Follow-up with Caller

The Network – Report ID   121989595

Dead Space Dead space dead space dead space Dead Space Dead space dead space dead space

If you would like to send a question or comment to the caller via The Network, follow the steps below.

Step #1: Copy **The Network report ID** (NOT the APIS IC number) from above (highlight it with the mouse and then press CTRL-C)

Step #2: Click on the link below and then paste (CTRL-V) The Network ID number at the end of the SUBJECT line of the email.

Step #3: Type your question or comment into the body of the email.

Step #4: Send the email.

Send Question/Comment to The Network.

Confidentiality

Mark this Investigation Confidential? No