



## COMPLIANCE VIOLATION REPORTING FORM

### CONTACT INFORMATION

DATE	NAME		
EMPLOYEE OF Foothills Gateway <input type="checkbox"/> Yes <input type="checkbox"/> No		WORK PROGRAM/LOCATION	
CURRENT POSITION		WORK PHONE	
SUPERVISOR		EMAIL	
SERVICE AGENCY, INDEPENDENT CONTRACTOR OR PRIVATE CITIZEN NAME			

**REPORTS MAY BE  
FILED ANONYMOUSLY**

I AUTHORIZE THE DISCLOSURE OF MY IDENTITY IF IT IS  
REASONABLY BELIEVED TO BE NECESSARY OR APPROPRIATE

I WISH TO DISCUSS THIS MATTER WITH THE CORPORATE COMPLIANCE OFFICER  Yes  No

DESCRIBE THE SUSPECTED VIOLATION OR IMPROPER ACTIVITY (please be as detailed as possible)

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DEPARTMENT OR INDIVIDUAL(S) SUSPECTED OF VIOLATION

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WHEN DID THE SUSPECTED VIOLATION OCCUR?

DATE

TIME

RECURRING  Occasionally  Sometimes  Frequently

VIOLATION IS  Ongoing  Completed  Unclear whether Ongoing or Completed

WHERE DID THE SUSPECTED VIOLATION OCCUR?

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HOW YOU BECAME AWARE OF THE SUSPECTED VIOLATION

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WHICH OTHER INDIVIDUAL(S) MAY HAVE KNOWLEDGE OF THE SUSPECTED VIOLATION OR HAVE ACCESS TO RELEVANT INFORMATION?

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IS THERE EVIDENCE THAT CAN BE EXAMINED OR DOCUMENTATION WHICH CAN BE REVIEWED? (please describe)

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IS THERE ANY OTHER INFORMATION THAT MAY BE RELEVANT OR USEFUL FOR THE INVESTIGATION OR OTHERWISE?

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HAVE YOU REPORTED THIS INFORMATION TO ANOTHER AGENCY?

Yes     No

IF YES, WHICH AGENCY(S)?

IF YES, WHAT IS THE CURRENT STATUS OF THE MATTER?

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SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_