



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 HUMAN RESOURCES MANAGER 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?

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

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

HAVE YOU REPORTED THIS INFORMATION TO ANOTHER AGENCY? <input type="checkbox"/> Yes <input type="checkbox"/> No
IF YES, WHICH AGENCY(S)?
IF YES, WHAT IS THE CURRENT STATUS OF THE MATTER?

SIGNATURE _____ DATE _____