

# COMPLIANCE AND ETHICS REPORTING FORM<sup>1</sup>

*Confidential*

## Non-Intimidation and Non-Retaliation Policy

The facility protects employees who report suspected violations, and will ensure confidentiality of compliance and ethics reporting and compliance and ethics investigations unless the matter is turned over to law enforcement or disclosure is required during a legal proceeding.

Date reported: \_\_\_\_\_

Time: \_\_\_\_\_

Description of Incident:

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Parties Involved in the Incident:

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Date(s) of Incident: \_\_\_\_\_

(Optional) Name of Person Reporting Concern \_\_\_\_\_

(Optional) Contact Phone Number: \_\_\_\_\_

Does not wish to give name \_\_\_\_\_

Requests identity to be kept in confidence \_\_\_\_\_

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<sup>1</sup> To be used with Individual Reporting of Compliance Concerns Policy and Procedure (CCG 00113).