I am submitting this report directly to:

(Check all that apply)

☐ Corporate Compliance Officer
☒ Human Resources
☐ My Immediate Supervisor ___________________ Name
☐ Member of the Corporate Compliance Committee ___________________ Name

My complaint/report relates to a violation of:

☐ Company Code of Ethics/Conduct
☐ Contract Violation Note Specific Contract
☐ Other Legal Violation Note Specific Law/Regulation
☐ Discrimination/Civil Rights based on: ☐ race ☐ color;
☐ national origin; ☐ other ___________________________ Please specify

Date or time period of occurrence of the violation you are reporting: __________________________

Specific staff and/or program you believe to be in violation: __________________________

(Name and Title)

I have ☐ have not ☐ previously reported this incident/concern to another employee/supervisor.

If yes; When: ___________________ To Whom: ___________________

Describe any action taken as a result of your previous report: ___________________

________________________

________________________

________________________

________________________

It is the right of any employee of Preferred Family Healthcare to confidentially report a code, contract or regulatory violation at any time. There shall be no retaliation by Preferred Family Healthcare. or its agents as a result of such reporting.
NATURE OF OCCURRENCE:
Please describe in detail the facts regarding the alleged incident or situation that you believe violates Preferred Family Healthcare code of conduct and/or legal and ethical guidelines. If you have more than one allegation please list them each separately, answering the following primary questions for each allegation. Attach additional pages as needed.

What is the specific wrongdoing you believe to have occurred (if you can, please tell us the code, policy, regulation that was violated)?

Provide detailed description of the event or behavior.

When and Where did the event or behavior occur?

Who is/was involved?

Identify any other witnesses to the event.

Additional Comments:
By signing below I, ___________________________________, agree to cooperate fully
with the Board of Directors, the Compliance Officer and his/her agents, in their investigations of this
matter. Please use the following information to contact me for an interview or to obtain further
information: (complete according to your preferred method of contact)

__________________________________________
(Phone Number) ____________________________
(Alternate Phone Number) ____________________________

__________________________________________
(Email Address) ____________________________
(Home Address) ____________________________

_________________________ __________________________
Signature of Person(s) Submitting this Report

Those submitting this report, who desire a degree of anonymity, please check the appropriate box below.

☐ I request that to the extent possible under the circumstances, and considering the obligations of Preferred
Family Healthcare, that my anonymity be maintained.

☐ I have chosen not to sign above, as I prefer complete anonymity. By remaining anonymous, I understand I
may inhibit a full investigation, and while my complaint/report will be investigated I may not be informed or aware
of resulting action.