



CORPORATE COMPLIANCE REPORTING DOCUMENT

Date: _____

PFH Service Line: _____

Location Address: _____

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 it's agents as a result of such reporting.

FOR OFFICE USE ONLY

DATE RECEIVED: _____

RECEIVED BY: _____

REPORT #: _____

(mm/dd/yyyy received)

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
Print Name and Title
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.