

**Report of Potential Non-Compliance**

*Please complete this form and forward it directly to the Compliance Officer for review.*

**Part I**

**Date and Time of Report:** \_\_\_\_\_

Name and Department of individual originating report (unless you wish to remain anonymous):

\_\_\_\_\_

**Subject of Report:** \_\_\_\_\_

Parties involved: Name of Resident: \_\_\_\_\_

Name of Employees: \_\_\_\_\_

Any other people: \_\_\_\_\_

**Date(s) of Alleged Non-Compliance:** \_\_\_\_\_

**Location/Department(s) Involved:** \_\_\_\_\_

**Witness name(s) and department(s) involved (unless witnesses wish to remain anonymous):**

\_\_\_\_\_

**Summary of Report (please include time line of events):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please attach additional information or supporting documents, if necessary.

**Part II (To be completed by the Compliance Officer)**

**Date and time report received:** \_\_\_\_\_

**Report Received by:** \_\_\_ Compliance Officer \_\_\_ Department Manager or Supervisor \_\_\_

Reporting Mechanism: Phone \_\_\_ Letter \_\_\_ Verbal \_\_\_ Email: \_\_\_ Fax: \_\_\_ Other \_\_\_

Note: The Corporate Compliance Officer will maintain this report in a confidential manner. If you choose to remain anonymous, the Corporate Compliance Officer may not be able to notify you directly of the outcome of any investigations that are undertaken. However, you may contact the Corporate Compliance Officer directly at (518) 691-1549 if you have further questions.