



Ulster County Compliance Issue In-Take Form

Today's date (date report filed): ___/___/___

Your name: _____

Title/Position: _____

Department/Program Contacted _____

Mode of Contact:

- Report to Supervisor
- Compliance Officer
- Letter or Note
- Letter to Legislature or County Executive
- Hotline
- Walk-In
- Staff Meeting
- Email
- County line
- Compliance Training
- Other _____

Source of Report:

- Employee, Independent Contractor
- Service Recipient/Family Member
- Legislature Member
- Vendor/Subcontractor
- Other Provider
- Other _____

Contact Confidentiality Status:

- Anonymous
- Confidential
- Name _____
- Phone _____

Type of Report:

- Suspected Violation/Misconduct
- Ethical Business Practice
- Regulatory Inquiry
- Other Provider
- County P&P
- Other _____

Is this a question about the Compliance Program?

Yes _____ No _____ If yes, indicate question here:

Is this a suspected violation of the Compliance Program? Yes _____ No _____

If yes, answer the questions below: ***(Attach additional sheets if necessary.)***

Please describe in as much detail as possible, the violation: *(Please be specific where the violation may have occurred)*

When did this occur? _____ / _____ / _____ Were you directly involved? _____

If yes, describe what you did: _____

Who else was directly involved? (*Names and positions, if known*):

1. _____
2. _____
3. _____

Is there any documentation or other evidence of the alleged violation? *Please describe/list or attach:*

Has the reporter discussed this issue with anyone else within County? *Please list by name and position:*

1. _____
2. _____
3. _____

Has the reporter discussed this with others outside the County? *Please identify by name and relationship:* _____

Completed by: _____

Date: _____ Title: _____

Forward completed form to Compliance Officer

