

IMH Compliance Complaint

Date _____

Directions: PLEASE RETURN THIS FORM TO THE COMPLIANCE HOTLINE BOX
or to the CHIEF COMPLIANCE OFFICER
or mail to the CHIEF COMPLIANCE OFFICER marked CONFIDENTIAL
255 North 30th Street
Laramie, WY 82072

THANK YOU

1. Description of concern(s): _____

2. When did this occur? _____

3. How did you come to learn of the incident/practice described above? _____

4. Do you have evidence to support the above concerns?

YES NO If so, please describe: _____

5. What actions have you taken regarding this concern? _____

6. Do you have further information to provide or suggestions for verifying the concerns described above?

YES NO If so, what? _____

7. Are you aware of other individuals who may be able to provide further information regarding the above concerns?

YES NO If so, who? _____

Name _____

[If you wish to remain anonymous, you ***will not*** receive feedback on your concern(s)]

Work Telephone _____ Dept. _____

Note: Every measure will be taken to ensure the confidentiality of the above information. However, there may be unforeseen circumstances where disclosure of this information may become necessary by law.