Trinity Alliance of the Capital Region
Compliance Reporting 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 Board or CEO/Executive Director

- Hotline
- Walk-In
- Staff Meeting
- Agency line
- Compliance Training
- Email
- Agency line
- Compliance Training

**Source of Report:**

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

- Board Member
- Other__________

**Contact Confidentiality Status:**

- Anonymous
- Confidential

Name ________________________________ 
Phone ________________________________

**Type of Report:**

- Suspected Violation/Misconduct
- Regulatory Inquiry
- Agency P&P Inquiry
- Ethical Business Practice

**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 _____ 
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: ________________________________

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Compliance Reporting Form
Revised on: 02/15/2019
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)*

1. 
2. 
3. 

Has the reporter discussed this issue with anyone else within Agency? *(Please list by name and position)*

1. 
2. 
3. 

Has the reporter discussed this with others outside the Agency? *(Please identify by name and relationship)*

Name: ____________________________ Relationship: ____________________________

Completed by: ____________________________

Date: ________________ Title: ____________________________

**Forward completed form to Compliance Officer**

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**FOR USE BY THE COMPLIANCE OFFICER:**

**Follow Up:**

**Reported to:**

Compliance Officer: ____________________________

Report Completed By: ____________________________ Date: ______________

Time: ______________

Chief Executive Officer: ____________________________ Date: ______________

Reported to Compliance Committee: ____________________________ Date: ______________

Reported to Board: ____________________________ Date: ______________
Actions Taken:

☐ Immediate Response Provided
☐ Internal investigation initiated
☐ Researched regulations
☐ External investigation
☐ Researched Agency P&P
☐ Referred to legal counsel
☐ Responded to reporter

Assigned to:_________________________________

Entity: ___________________________ Date: __________

Attorney: ________________________ Date: __________

Reporter: ________________________ Date: __________

Summary of Action Taken:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Final Disposition by Compliance Officer:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Classification: __________________

Compliance Report Log Number: __________

Completed by:
________________________________________________________________________

Compliance Officer Name

________________________________________________________________________

Compliance Officer Signature

Date