Instructions: Any Alamogordo Home Health Care and Hospice employee or volunteer may complete this form if you feel there was/is a situation of potential noncompliance with New Mexico State regulations, Federal Regulations, Alamogordo Home Health Care and Hospice policies or the Corporate Compliance Plan.

Please complete this form and forward or mail to the Compliance Officer:

Date: __________________________

Reporting Individual Name: ____________________________________________
(unless you wish to remain anonymous)*

How do you wish the Compliance Officer to contact you for followup?

_____ Email: My email address is ________________________________

_____ Phone: My home phone number is _________________________
   My cell phone number is _________________________

What are you reporting? Please explain your concern and why it concerns you.

____________________________________________________________________

____________________________________________________________________

What are the dates or time frame for your concern? ___________________________

____________________________________________________________________

Department(s) involved: ________________________________________________

Any individuals and/or other departments involved: __________________________

____________________________________________________________________

Are there any supervisors or managers you have spoken to about your concerns?

_____ Yes  _____ No

If yes, what actions did they take and what were you told? ______________________

____________________________________________________________________
Any additional information you would like to share? ____________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Note: * The Compliance Officer will maintain this report in a confidential manner, which means that your identity will not be disclosed unless absolutely necessary. It is helpful for you to allow this to be handled confidentially rather than anonymously, so that the Compliance Officer can contact you with any questions and with the outcome of his/her investigation. If you choose to remain anonymous, the Compliance Officer may not be able to further the investigation or notify you directly of the outcome of any investigation.

Please mail your completed form to:

Alamogordo Home Health Care and Hospice, Inc
Corporate Compliance Officer
PO Box 29
Alamogordo, NM 88311