



Compliance Concern Form

Please complete this form providing any relevant information with as much detail as possible. You may choose to remain anonymous by leaving out your name and return address. Use additional paper as needed. Please submit this form via email to compliance@aimcil.com or via mail to:

*AIM Independent Living Center
271 East First Street
Corning, NY 14830
ATTN: Corporate Compliance Officer*

Name (optional): _____ **Phone # (optional):** _____

Timeframe of concern:

Parties involved:

Include site location, program(s)/department(s), title(s), name(s), and contact information

Description of concern:

Include specific facts surrounding your corporate compliance concern, including any specific supporting documents or materials

Date form completed/submitted: _____

Received Date: (Compliance Officer Use Only) _____