

AIM Independent Living Center
Corporate Compliance

Compliance Concern Form

Please complete this form providing any relevant information with as much detail as possible. You may choose to remain anonymous; therefore, providing as much information as you can will increase the ability of adequate follow-up. Use additional paper as needed.

**Send form via interoffice mail to:
Corporate Compliance Office (Corning Location) or
Mail to (do not identify return address to remain anonymous):
Attn: Corporate Compliance Officer
271 East First Street
Corning, NY 14830**

Name (optional): _____ Telephone (optional): _____

Timeframe (when) of concern:

Who is involved (include site location, program(s)/department(s), title(s), name(s):

What (specific facts surrounding your corporate compliance concern, including any specific supporting documents or materials):

Date form completed/submitted: _____

Received Date: (Compliance Officer Use Only) _____