

Atosk Healthcare Services, Inc.  
Corporate Compliance Reporting Form

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Person receiving information and completing this form: \_\_\_\_\_

Review anonymity/confidentiality conditions and limitations: \_\_\_\_\_yes; \_\_\_\_\_no

**It is the policy of Atosk Healthcare Services, Inc. to preserve the anonymity of individuals who wish to remain anonymous, subject to limitations imposed by the law. We may not be able to preserve your anonymity if you identify yourself by name or provide other information that identifies you. Atosk is legally required to report certain types of serious infractions to external agencies.**

**Every employee has an obligation to make a good faith report of any activity within the agency that appears to violate compliance policies, regulations, or statutes,**

**When an employee uses one of these options to make a good faith report of an apparent violation, there will be no retribution.**

**I have read and understand the above and voluntarily submit this information. I understand that discretion will be utilized in investigating my concern.**

Employee Name (Printed)

Employee Signature

**Suspected violation of Compliance Policy, Regulation or statute.** Please be specific: Include full names of people involved, events, dates, and times as well as any actions you have taken.