CHRIST CENTERED HOMES, INC.

Compliance Inquiry/Report Form

Date:	Report #: _____-17

As a matter of practice and policy, all information and messages received through any of the reporting mechanisms will remain in strictest confidence. If you require assistance, please contact the CCH Consumer Resources/Corporate Compliance Officer at 517-788-9231 or 517-937-5968.

PLEASE PRINT

Name (Optional) _____

Contact name, if submitted, will remain completely confidential within the Compliance Team and will not be shared with other parties involved in any way whatsoever with the investigation of this inquiry/report.

Mailing Address (Optional) _____

Contact address will be used to provide written response to inquiries if requested

_____

City State Zip

Phone (Optional) _____

Contact number, if provided, will be used only to obtain additional information or clarification regarding the report, and to provide notification at the conclusion of the investigation.

PLEASE NOTE: FAILURE TO PROVIDE THE ABOVE OPTIONAL INFORMATION COULD RESULT IN AN INCOMPLETE INVESTIGATION AND NO STATUS INFORMATION BEING PROVIDED.

TYPE OF COMPLAINT

Please include as much information as possible to issue can be thoroughly investigated.

- ☐ Recipient Rights (**Recipient Rights Office must be notified within 24 hours)
- ☐ Human Resource Issue
- ☐ Health and Safety
- ☐ HIPPA
- ☐ Compliance Violation (Fraud, Billing Practices, etc.)
- ☐ Improper Use of Company Equipment/Information
- ☐ Accounting/Auditing Issues
- ☐ Procurement Issues
- ☐ Regulatory Standards of Conduct Issues
- ☐ Environmental
- ☐ Miscellaneous/Other

DESCRIPTION OF COMPLAINT/VIOLATION/INQUIRY

(Please continue on back side of this form as necessary.)

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