

**ALAMOGORDO HOME HEALTH CARE AND HOSPICE  
CORPORATE COMPLIANCE REPORT FORM**

**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? \_\_\_\_\_

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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