

**Another Step, Inc**  
**Compliance Issue Reporting Form**

Today's Date: (date report filed): \_\_\_\_\_

Your Name (optional): \_\_\_\_\_ Title: \_\_\_\_\_

Is this a question about the Compliance Program? Yes \_\_\_ No \_\_\_ If yes, indicate question here:

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Is this a suspected violation of the Compliance Program? Yes \_\_\_ No \_\_\_

If YES, please provide the information requested below. (Attach additional sheets if necessary)

Describe in as much detail as you can, the situation:

What occurred?

Who was involved?

Where and when it happened:

Names and Titles of any others involved:

- 1.
- 2.
- 3.

Is there any documentation or evidence of the suspected violation? (Describe and attach)

Did you report the suspected violation to your Supervisor? Yes \_\_\_ No \_\_\_

Did you discuss the suspected violation with anyone (other than your supervisor) within the Agency? Please list.

- 1.
- 2.

Did you discuss the suspected violation with anyone outside of the Agency? Please list.

- 1.
- 2.

Please forward this form when completed to Allison Levine, Compliance Officer. You will be contacted within 5 business days with further instruction and or information. Please adhere to our confidentiality policy and do not discuss this matter.

**OFFICE USE ONLY**

COMPLIANCE REPORT LOG NUMBER: \_\_\_\_\_

Type of Report:

( ) Suspected violation/Misconduct ( ) Regulatory Inquiry ( ) Agency Policy/ Procedure ( ) Ethical Practice