

COMPLIANCE INCIDENT REPORT

CONTACT INFORMATION: Please provide your name and contact information *unless you choose to remain anonymous:*

First Name: Last Name: Job Title:
Phone Number: Email:
Best Method of Contact: (Phone, Email, Text)

OR *I wish to remain anonymous*

INDIVIDUALS WITH KNOWLEDGE OF THE INCIDENT:

The following individuals have information regarding the incidence in question:

First Name: Last Name: Job Title:
Phone Number: Email:
Best Method of Contact: (Phone, Email, Text)

First Name: Last Name: Job Title:
Phone Number: Email:
Best Method of Contact: (Phone, Email, Text)

INCIDENT DETAILS:

Are you a Sullivan County Government Employee: Yes No

If **No**, what is your relationship to this company?

Where and when did this incident occur:

Please provide a summary of the incident you would like to report, including all relevant details:

If you have any documents or supplemental material that will aid in Sullivan County's investigation, please forward to the Compliance Coordinator.

Any other information that you would like to include/communicate to Sullivan County Government:

Please e-mail the completed form to Compliance@sullivanny.us