

Camp Venture, Inc.

COMPLIANCE INCIDENT REPORT

This report will be kept confidential in accordance with the Compliance Program's policies and procedures, Code of Ethics and Federal and State law.

Non-Retaliation Policy: Camp Venture policy prohibits retaliation against individuals who report activities that may violate laws, regulations and Agency policies. This includes former as well as current employees, Executives, Board members, independent contractors, volunteers, interns and vendors.

Anonymity Policy: Camp Venture policy provides for compliance reports to be made anonymously. While giving your name will be helpful if more information is needed, you are not required to include it.

Person filing this complaint:

(Do not provide this information if you wish to remain anonymous)

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Daytime phone #: _____ Best time to call: _____

Alternate phone #: _____ Best time to call: _____

Preferred contact method: _____ Email _____ Mail _____ Phone

Tell us about the issue:

Facility/Program: _____

Date of incident: _____

Were you the person who witnessed/discovered this incident/situation? _____ Yes _____ No

Other person(s) involved:

What specific area(s) of the Agency's policies and procedures, Code of Ethics or State or Federal law did the person(s) violate?

Please describe what happened with as much detail as possible.

Have you contacted the facility/program to try to resolve the issue? If so, what was the outcome?

Thank You

Again, this report will be kept confidential in accordance with the Compliance Program's policies and procedures, Code of Ethics and Federal and State law.

PLACE THIS FORM IN A SEALED ENVELOPE (MARKED CONFIDENTIAL) AND ADDRESS TO:

**Compliance & QA Department
Camp Venture, Inc.
25 Smith Street, Suite 510
Nanuet, NY 10954**

OR

**FORWARD VIA EMAIL TO:
compliance@campventure.org**