



5227 Matt Hair Road

Fayetteville, NC 28312

Phone: 910-630-2255

Fax: 910-339-2808

Email: contact@kaleosupports.com

Website: www.kaleosupports.com

REPORT OF WRONGDOING FORM

This form may be completed anonymously. You do not have to provide your name or identifying information. Complete the form and mail to : Attention Compliance Officer, 5227 Matt Hair Road, Fayetteville, NC 28312 or fax to: Attention: Compliance Officer, 910-339-2808 or email to contact@kaleosupports.com .

Your Name (OPTIONAL): _____ Your Phone # (OPTIONAL) _____

Please check (OPTIONAL): _____ employee _____ person receiving services _____ family member

Type of issue: _____

Date the issue occurred: _____

In your own words, describe the issue. Use additional sheets if necessary. Be specific by telling who is involved, what happened, when it occurred and where.

Multiple horizontal lines for writing the description of the issue.

FOR OFFICE USE ONLY
Date received: _____ Investigation began: _____
Investigation/Report complete: _____