

**St. Clair County Community Mental Health
Complaint of Non-Compliance**

Instructions: If you believe that an employee, program, or any service-providing contractor/agency is in non-compliance of policy, contract, or some other law or regulation, please use this form to submit a complaint to the St. Clair County Community Mental Health Corporate Compliance Office. Please keep a confidential copy of the completed complaint form for your records. The compliance staff will review the complaint, consult with in-house counsel (as needed), and conduct an investigation as warranted.

Complainant's Name:

Name of Person/Program/Agency/Contractor Alleged in Non-Compliance:

Complainant's Contact Information:

Date of the action/inaction giving rise to the complaint or date you became aware:

Description of the person(s), actions, and events that occurred giving rise to the complaint:

Describe anything you may have done related to this occurrence:

Complainant's Signature

Date