

ATTACHMENT A: Capital Area Human Services District - Compliance Concern Report Form

Please complete this form and email it to [cahscompliance@la.gov](mailto:cahscompliance@la.gov) or mail it to Attention: Compliance Officer, Capital Area Human Services District, P.O. Box 66558, Baton Rouge LA 70896.

- I wish to remain anonymous. Yes No

Contact Information (optional): Name \_\_\_\_\_  
 Email \_\_\_\_\_ Phone \_\_\_\_\_

- What specifically occurred?

- When did the alleged violation occur? Time: \_\_\_\_\_ Date: \_\_\_\_\_

- Have you observed multiple occurrences: Yes No If yes, number of occurrences: \_\_\_\_\_

- Who was involved?

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Staff Person Served Visitor/Other Staff Person Served Visitor/Other

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Staff Person Served Visitor/Other Staff Person Served Visitor/Other

- Were there any witnesses?

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Staff Person Served Visitor/Other Staff Person Served Visitor/Other

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Staff Person Served Visitor/Other Staff Person Served Visitor/Other

- Where did the alleged violation take place?

- What part of applicable local/state/federal laws, rules, regulations, requirements, Louisiana Code of Governmental Ethics, profession-specific ethics codes, or CAHSD’s policies and procedures do you believe was violated?

Thank you for providing Capital Area Human Services District with this information which will be addressed according to our Compliance Investigation Policy.