

**REPORT OF SUSPECTED VIOLATION(S)**

Name: \_\_\_\_\_ (unless you wish to remain anonymous)  
Home Address: \_\_\_\_\_  
Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_  
Position: \_\_\_\_\_  
Supervisor: \_\_\_\_\_

1) Description of possible violation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(continue on separate sheet if necessary)

2) When did this occur? \_\_\_\_\_

3) Person(s) involved: \_\_\_\_\_  
\_\_\_\_\_

4) How did you come to learn of the incident/practice described above? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5) Do you have any evidence to prove the above allegations? If so, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6) Would you be willing to discuss the above allegations with a member of the compliance committee, management or an attorney for the company? \_\_\_\_\_

7) Have you discussed the above allegations with anyone else? If so, who? \_\_\_\_\_  
\_\_\_\_\_

8) Do you have any further information to provide or any suggestions for verifying the allegations described above? \_\_\_\_\_  
\_\_\_\_\_

9) Are you aware of any other individuals who may be able to provide further information regarding the above allegations? \_\_\_\_\_  
\_\_\_\_\_

*NOTE: We will take every measure to ensure the confidentiality of the above information. However, there may be unforeseen circumstances where disclosure to this information may become necessary.*

Submit to: (800) 877-8727 or [compliance@labpharmllc.com](mailto:compliance@labpharmllc.com)