

St. Clair County Community Mental Health Authority  
**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 Authority 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**