



906 Main Avenue, Tillamook, Oregon 97141

Voice: (503) 842-8201

FAX: (503) 815-1870

**CONFIDENTIAL REPORT FORM**

**Are you reporting an allegation regarding?**

Tillamook Family Counseling Center

An individual provider/employee of Tillamook Family Counseling Center

Other, If other is checked, please provide a brief explanation.

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**Is your complaint regarding?**

Fraud, Waste and Abuse of public funds

A privacy concern

Other, If other is checked, please provide a brief explanation.

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**Please choose one of the following:**

**Confidentiality and Anonymity is not requested.** If necessary, you may contact me for additional information, and I do not place any restriction on the release of my contact information. If you checked this box, please fill out the complainant information.

**I wish to remain confidential.** You may contact me for additional information, but do not disclose my name or contact information to anyone other than the Compliance/Privacy Officer. **(TFCC's policy is to honor requests for confidentiality and not to release any information that would identify such individuals unless required to do so by order of the law (e.g., court order/subpoena).** If you checked this box, please fill out the complainant information.

**I wish to remain Anonymous and do not wish to submit my name or contact information.** If I choose this option, I understand that no one will be able to contact me for additional information about my complaint. If you checked this box, you do not have to fill out the complainant information.

