



## ***COMPLIANCE PROGRAM REPORT FORM***

### ***PRIVILEGED AND CONFIDENTIAL ATTORNEY/CLIENT COMMUNICATION***

Please attach a detailed description of the concern or suspected misconduct below. Be sure to include information such as what individuals are involved, what actions you are concerned about, how long the activity has been occurring, anyone else with knowledge of the misconduct, whether the problem has been reported to or discussed with anyone else, and how you are aware of such activity. In order to fully investigate your report, PARC, Inc. ("PARC") Compliance Officer may need to follow-up with you if she has any questions or needs additional information regarding your report.

Your name: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Your Position: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

**However, PARC will, to the best of its ability, maintain your anonymity while investigating the suspected misconduct you have alleged.**

Please return this form to the Compliance Officer. You may mail this form to **Kim M. Waag**, Compliance Officer, at:

**PARC, Inc.  
Attn: Kim M. Waag, Compliance Officer  
3190 Tyrone Boulevard North  
St. Petersburg, Florida 33710**

Please write or type "To be Opened by Addressee Only" on the outside of the envelope. You will receive confirmation of receipt of your report via U.S. Mail. If you do not receive confirmation of our receipt of your report from us within 30 days, please resubmit the report in the manner described above.