



IMPERIAL COUNTY  
**Behavioral Health Services**  
MENTAL HEALTH & SUBSTANCE USE RECOVERY

COMPLIANCE CONCERN(S)

Please use self-addressed envelopes provided. Mail to:

**Imperial County Behavioral Health**

Compliance Officer  
**Attn: Sarah Moore**  
202 N Eighth Street  
El Centro, CA 92243

Date: \_\_\_\_\_

Date of Occurrence: \_\_\_\_\_

Name: \_\_\_\_\_  
(Optional)

Phone Number: \_\_\_\_\_  
(Optional)

Description of Event/Issue Being Reported:

---

---

---

---

---

---

---

---

---

---

Location Where Event/Issue Occurred:

---

---

**For Compliance Unit Use Only**

---

---

---

---

---

---

---

---

---

---