

Corporate Compliance Concern Form

Instructions: Please complete this form to the best of your ability, attaching additional sheets as necessary.

Description: Please describe the specific facts surrounding your Corporate Compliance concern. (Please include the following: a concise statement of your concern, site or department within which the concern has been noted, name of the individual(s) involved.)

Chronology of Events: Please describe the order and time(s) / date(s) of the event(s) relevant to your concern.

Supporting Documentation: Please indicate specifics, including location of any documents or other materials which support your concern.

Signature (optional): _____

Phone Number (optional): _____

Forward this form, via interoffice envelope to:

**Corporate Compliance Officer
Administration Building**

-OR-

**As appropriate, mail to:
Able2**

**Attn: Corporate Compliance Officer
P.O. Box 1554
Elmira, NY 14902**