COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH

COMPLIANCE OPERATIONS COMMITTEE CONTACT FORM

Date: _____

Facility: _____

Name of Reporter:_____ Phone No.: _____

Supervisor (if DMH employee): _____

A concise description of the concern or question for which clarification is sought from the Compliance Operations Committee Chairperson: _____

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In order to respond to this question/concern, the Compliance Operations Committee Chairperson may contact you at:_____

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