



## Unlimited Services Inc. Corporate Compliance Reporting Form

Fields marked with an \* are required

**Describe the incident or situation you believe violates the Unlimited Services, Inc. Code of Ethics. If you wish to remain anonymous, put N/A in place where name and phone number is required.**

**1.) What specifically occurred? \***

**2. When did the event or behavior occur? \***

**3. Who is/was involved? \***

**4. Were there any other witnesses to the event? \***

**5. Where did the alleged violation take place? \***

**6. What specific area of the Code of Ethics do you believe was violated? \***

**Your Name (optional) \***

**Your Contact Number (optional) \***

**THANK YOU** for making this effort to assist our organization in the enhancement of our legal and ethical guidelines and code of ethics.

rev: 5/2/2017

**Submit**

