

ADULT MENTAL HEALTH DIVISION - BUSINESS COMPLIANCE
CONFIDENTIAL REPORT/REFERRAL FOR SUSPECTED CASES OF FRAUD AND/OR ABUSE
(Complete Sections A – G)

FAX TO: BUSINESS COMPLIANCE SPECIALIST
 Adult Mental Health Division
 P.O. Box 3378
 Honolulu, Hawaii 96801-3378

Phone: (808) 586-4689
 Fax: (808) 586-4745
 Confidential Email:
business.compliance@doh.hawaii.gov

A. NAME OF REPORTING
 AMHD UNIT or PROVIDER
 AGENCY or OTHER:

B. REPORT PREPARED BY:
 Name: _____
 Title: _____
 Phone: _____

C. CONTACT PERSON NAME FOR
 FOLLOW-UP?
*(If different from person preparing
 this report)*

Name: _____
 Title: _____
 Phone: _____ FAX: _____

D. DATE PREPARED:

E. YOU ARE A... *(check off)*?
 EMPLOYEE OTHER: _____
 F. IF EMPLOYEE, SUPERVISOR NOTIFIED *(check off)*? YES NO

G. SYNOPSIS/NATURE OF COMPLAINT: *(Use additional sheet if necessary).*
 Date of Discovery: _____ If applicable, include estimate of dollars involved) \$ _____

(To Be Completed By AMHD) PRELIMINARY INVESTIGATION:

(To Be Completed by AMHD) RECOMMENDATIONS MADE, DISPOSITION OF REPORT:

Date Closed and Reviewer Name: _____