

Hawaii Department of Health
Office of Health Care Assurance
State Licensing Section
601 Kamokila Blvd, Room 361
Kapolei, Hawaii 96707
DOH.OHCALicensing@doh.hawaii.gov (email)
(808) 692-7414 (fax)

**REGISTER OF HOME CARE
AGENCY COMPLAINT
CONFIDENTIAL INFORMATION**

DATE: _____

NAME: _____ TELEPHONE NO: _____

ADDRESS: _____
Street City State Zip Code

NAME OF AGENCY: _____

ADDRESS OF AGENCY: _____ HI
Street City State Zip Code

DO YOU WISH TO REMAIN ANONYMOUS? _____ YES _____ NO

DESCRIPTION OF COMPLAINT:
(Please include details such as dates, times, etc. You may use additional pages if necessary.)

To submit this form, you may print and fax it to (808) 692-7414 or email it to DOH.OHCALicensing@doh.hawaii.gov