



Alcohol and Drug Abuse Division (ADAD)

Form for Reporting Concerns

601 Kamokila Boulevard. #360, Kapolei, Hawaii 96707

YOUR CONTACT INFORMATION

1. First Name:	2. Last Name:	
3. Address	4. Daytime Phone:	
	Evening Phone:	
	Cell phone:	
	Fax:	
5. Email address:		
6. Best time to contact you:	7. How would you like us to contact you:	

PARTIES INVOLVED

8. Name of person(s) or organization your complaint is against:	
9. Date you first noticed the problem:	10. Date incident occurred:
11. Were there any witnesses?	If Yes, please complete box (es) below
12. Witness Name:	Contact number
Address:	Email
13. Witness Name:	Contact number
Address:	Email
14. Witness Name:	Contact number
Address:	Email

Please attached additional paper if needed

DESCRIPTION OF THE COMPLAINT

15. Please describe what happened in detail. List names of persons who were involved and indicate dates, times, and locations of events described. (Can be continued on another page)

PERMISSION TO DISCLOSE YOUR NAME

16. For the purpose of this investigation: Please choice one of the three options:

I Agree to allow DOH/ADAD to disclose my name.
DOH/ADAD will make every effort to keep information identifying you confidential. However, it may be necessary for certain information to be disclosed. We will disclose only the minimum amount necessary to investigate your complaint.

Do not disclose my name to the following persons/entities:
Limiting the disclosure of your name may impede the DOH/ADAD investigation into your complaint.

I wish to remain anonymous. I do not want my name to be disclosed. Limiting the disclosure of your name may impede the DOH/ADAD investigation into your complaint.

Signature:

Date:

17: *Please print and sent this concern form to:*

***Alcohol and Drug Abuse Division
Attn: Quality Assurance and Improvement Office
601 Kamokila Blvd., Rm 360
Kapolei, Hawaii 96707***

***Contact: Angela Bolan
Email: angela.bolan@doh.hawaii.gov
Phone: 808-692-7518
Fax: 808-692-7521***