Alcohol and Drug Abuse Division (ADAD)

601 Kamokila Boulevard, Room 360, Kapolei, Hawai'i 96707

Form for Reporting Concerns

Assigned Case Number:
Date Received:

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 attach additional sheets if needed

DESCRIPTION OF THE CONCERN OR INCIDENT

15. Please describe what happened in detail. List names of persons who were involved and indicate dates, times, and locations of events described. (*Attach additional sheets if needed*)

PERMISSION TO DISCLOSE YOUR NAME

16. For the purpose of this investigation: Please choose one (1) 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 send this form to:

   Alcohol and Drug Abuse Division
    Quality Assurance and Improvement Office
601 Kamokila Blvd., Room 360
Kapolei, Hawaii 96707

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

FOR OFFICE USE ONLY

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Date Received:

Assigned To: