

COMPLAINT/GRIEVANCE FORM

This form is to be used for complaints/grievances regarding Community Care Foster Family Homes, Case Management Agencies and CTA.

If the complaint is about payment or the contract between a private pay client and a CCFFH or CMA, those issues are outside the regulatory scope of the DOH and must be settled between the parties involved. DOH and their designee are unable respond to those issues.

Name of Individual(s)/Agency/Home this Complaint is about: (address/phone number, if known)

List ALL Clients Living in this CCFFH: _____

List ALL CMAs in this CCFFH: _____

Name and Age of Client who is Subject of Complaint, (if applicable):

Name, Address, Email Address & Phone Number of Person Reporting Complaint:

Does the Complainant Wish to Remain Confidential? **YES** **NO, my name may be used**

Complainant's Relationship to Client (if applicable): _____

Describe the situation being reported for investigation: _____

SIGNATURE OF INDIVIDUAL COMPLETING REPORT

DATE

RETURN FORM TO:

Community Ties of America, Inc.

45-955 Kamehameha Hwy., Suite 300, Kaneohe, HI 96744

Phone: 808-234-5380, Fax: 808-234-5470