



**HO'ŌLA LĀHUI HAWAI'I**  
**Communication Report Form**

Tracking No. \_\_\_\_\_

**\*\*\*CONFIDENTIAL\*\*\***

*P.O. Box 3990; Līhu'e, Hawai'i 96766-6990*

*Phone: 808.240.0113 Fax: 808-356-0660*

Suggestion     Inquiry     Complaint     Clarification     Compliment

I wish to remain anonymous     I wish to be notified of any investigative findings

Person receiving form \_\_\_\_\_ Person completing form \_\_\_\_\_

Today's Date \_\_\_\_\_ Time \_\_\_\_\_

**Patient Information**

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

**Reporter Information** (if different from Patient Information)

Name of Person Submitting Comment \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Relationship to Patient \_\_\_\_\_

In your own words, please provide your comments or tell us **what happened**, including **who, when, where, and how**. If applicable, please tell us **what you would like to see happen**.

**Continue on back of page, if necessary.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Thank you for your comments. Please return this form to the front desk of the clinic or to the address or fax at the top of this page.**