

**ALLEGED VICTIM(S):**

Date of Incident: \_\_\_\_\_

Name(s): \_\_\_\_\_ Sex \_\_\_\_\_ Birthdate: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**ALLEGED PERPETRATOR(S): Identify facility if applicable**

Relation to victim: \_\_\_\_\_

Name(s): \_\_\_\_\_ Sex: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**DESCRIBE NATURE AND EXTENT OF INJURY OR HARM AND WHY REPORTER HAS REASON TO BELIEVE THE INCIDENT IS ABUSE, NEGLECT, OR EXPLOITATION:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ACTION TAKEN BY REPORTER TO HELP VICTIM:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will you continue to provide services to the victim? Yes \_\_\_\_\_ No \_\_\_\_\_

Anonymity requested? Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
Name of Reporter and Facility, if applicable Telephone \_\_\_\_\_

\_\_\_\_\_  
Address of Reporter/Facility Date \_\_\_\_\_

**DEPARTMENT OF HUMAN SERVICES  
ADULT PROTECTIVE SERVICES**

**MAIL or FAX** the written report to the **Adult Protective Services Office** where you called to make the verbal report.

**Oahu:**

420 Waiakamilo Road, #202  
Honolulu, HI 96817  
Phone: 832-5115 FAX: 832-5391

**Kauai:**

4370 Kukui Grove Street, #205  
Lihue, HI 96766  
Phone: 241-3337 FAX: 241-3476

**East Hawaii:**

**(Hilo/Hamakua/Puna)**  
1055 Kinoole Street, #201  
Hilo, HI 96720  
Phone: 933-8820 FAX: 969-4917

**West Hawaii:**

**(Kona/Kohala/Kamuela/Kau)**  
75-5995 Kuakini Highway, #433  
Kailua-Kona, HI 96740  
Phone: 327-6280 FAX: 327-6292

**Maui/Lanai/Molokai:**

1773-B Wili Pa Loop  
Wailuku, HI 96793  
Phone: 243-5151 FAX: 243-5166