

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 Rd. #202
Honolulu, HI 96817
Phone: 832-5115 FAX: 832-5391

East Hawaii:

(Hilo/Hamakua/Puna)
120 Keawe Street, #201
Hilo, HI 96720
Phone: 933-8820 FAX: 933-8859

Maui/Molokai/Lanai:

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

Kauai:

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

West Hawaii:

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