

**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 DHS and must be settled between the parties involved. DHS and their designee are unable respond to those issues.**

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

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Name, address & phone number of person reporting complaint:

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Does the reporter want to keep their name confidential?  Yes  No, my name may be used

Client's name, if applicable \_\_\_\_\_

Reporters relationship to client, if applicable \_\_\_\_\_

The complaint is about (attach additional sheets if necessary):

\_\_\_\_\_  
Signature of Individual Completing Report

\_\_\_\_\_  
Date

**Return form to:**  
**Community Ties of Amercia, Inc.**  
45-955 Kamehameha Hwy. Suite 300  
Kaneohe, HI 96744  
Phone: 808-234-5380  
Fax: 808-234-5470