



STATE OF HAWAII | KA MOKU'ĀINA 'O HAWAI'I
REGULATED INDUSTRIES COMPLAINTS OFFICE
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
KA 'OIHANA PILI KĀLEPA

LEIOPAPA A KAMEHAMEHA BUILDING
 235 SOUTH BERETANIA STREET, NINTH FLOOR
 HONOLULU, HAWAII 96813
 TELEPHONE: (808) 586-2666
 FAX: (808) 586-2670
cca.hawaii.gov/rico

HILO OFFICE
 120 PAUHI STREET, SUITE 212
 HILO, HAWAII 96720

KONA OFFICE
 HUALALAI CENTER
 75-170 HUALALAI ROAD, SUITE C-309
 KAILUA-KONA, HAWAII 96740

MAUI OFFICE
 BUSINESS: 2145 WELLS STREET, #106
 WAILUKU, HAWAII 96793

MAILING: PO BOX 1049
 WAILUKU, HAWAII 96793

KAUAI OFFICE
 3060 EIWA STREET, SUITE 204
 LIHUE, HAWAII 96766

JOSH GREEN, M.D.
 GOVERNOR | KE KIA'ĀINA

SYLVIA LUKE
 LIEUTENANT GOVERNOR | KA HOPE KIA'ĀINA

NADINE Y. ANDO
 DIRECTOR | KA LUNA HO'OKELE

ESTHER BROWN
 COMPLAINTS AND
 ENFORCEMENT OFFICER

TO: Complaint and Enforcement Officer, RICO
 Department of Commerce and Consumer Affairs
 235 S Beretania Street, 9th Floor
 Honolulu, HI 96813

FROM: _____

Name: _____

Title: _____

Name of Reporting Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (i.e. 808-123-1234) _____

RE: Report of Adverse Decision of Final Peer Review Committee or Action of Quality Assurance Committee or Action in Lieu of Discipline Pursuant to Section 663-1.7, HRS.

Please provide the following information:

1. Name of Licensee _____
2. License Number _____
3. Indicate whether this report is:
 - Report of Action of Quality Assurance Committee;
 - Report of Adverse Decision of Final Peer Review Committee; or
 - Report of Resignation or Other Voluntary Action requested or bargained for in lieu of medical disciplinary action.

4. Date of Action/Decision

5. Nature of the Action/Decision

6. Reason(s) for and circumstances surrounding the Action/Decision:

7. Attach a copy of the Quality Assurance Committee Action or Adverse Decision of the Final Peer Review Committee or Action in Lieu of Discipline.

8. Name, address and telephone number of the custodian of records (if different from the person preparing this report).

Signature of Person Submitting this Report

Date of Report

This report shall be filed within thirty (30) business days following the adverse decision. Failure to comply with the requirements of Hawaii Revised Statutes Section 663-1.7, including failure to timely submit a report, shall be a violation punishable by a fine of not less than \$100 for each member of the committee.

If you have any questions, please call the Regulated Industries Complaints Office, Consumer Resource Center, at (808) 587-4272.