



What steps, if any, have you taken to resolve the complaint?

Please list any staff, faculty or community members that were contacted or witnessed this matter:

<hr/>	<hr/>
Name	Date
<hr/>	<hr/>
Name	Date

What resolution or outcome, if any, are you seeking?

By signing below, I certify that the above statements are true and accurate to the best of my knowledge.

<hr/>	<hr/>
Signature	Date

Mail completed form to Ho'okāko'o, P.O. Box 11685, Honolulu, HI 96828 or email contact@hookakoo.org. Call (808) 983-3835 for more information.

For Official Use Only:

Received By:	Date:
Signature:	Date:
HC Remarks:	
Signature:	Date: