

## CNA/HHA/CHT REPORT OF MISCONDUCT

To: California Department of Public Health (CDPH)  
 Licensing and Certification Program (L&C)  
 Investigation Section, MS 3303  
 P.O. Box 997416  
 Sacramento, CA 95899-7416  
 (916) 552-8883  
 FAX: (916) 552-8788

From reporting party:

Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

		Date sent to CDPH	Date received	Complaint number <i>(Department use only)</i>	
Name of CNA/HHA/CHT			Certification number		*Social Security Number
Other known alias					Telephone number (    )
Address (number and street name or P.O. Box number)			City		State      ZIP code
Complainant name (if different from reporting party)			Relationship		Telephone number (    )
Address (number and street name or P.O. Box number)		City		State	ZIP code      Requesting anonymity: <input type="checkbox"/> Yes <input type="checkbox"/> No

Please provide a brief description and date of incident. Use reverse of more space is needed.

If available, please provide the following information:

- Copies of any investigation reports initiated by the facility, district office, law enforcement agency, or any other agency.
- Copies of any signed witness/resident statements which pertain to this incident.
- Copies of any previous incidents and employee disciplinary action.
- Names and addresses of any law enforcement agency or other agency to whom this was reported. (Please list all referrals/reports on the reverse side of this form.)

Employer name			Telephone number (    )		
Address (number and street name or P.O. Box number)			City		State      ZIP code
Administrator name			Action taken: <input type="checkbox"/> Termination <input type="checkbox"/> Suspension <input type="checkbox"/> None		

**Reported to:**

<b>LICENSING AND CERTIFICATION DISTRICT OFFICE</b>		Date	
Address (number and street name or P.O. Box number)	City	State	ZIP code
Name of individual reported to		Telephone number ( )	
Complaint investigation conducted? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, date: _____			

<b>LAW ENFORCEMENT AGENCY</b>		Date	
Address (number and street name or P.O. Box number)	City	State	ZIP code
Name of individual reported to		Telephone number ( )	
Complaint investigation conducted? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, date: _____		Did it result in an arrest: <input type="checkbox"/> Yes <input type="checkbox"/> No	Report number

<b>OMBUDSMAN</b>		Date	
Address (number and street name or P.O. Box number)	City	State	ZIP code
Name of individual reported to		Telephone number ( )	
Complaint investigation conducted? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, date: _____			

<b>BUREAU OF MEDI-CAL FRAUD &amp; ELDER ABUSE</b>		Date	
Address (number and street name or P.O. Box number)	City	State	ZIP code
Name of individual reported to		Telephone number ( )	
Complaint investigation conducted? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, date: _____			

Complaint description (continued).

**INFORMATION COLLECTION AND ACCESS: PRIVACY STATEMENT**

\*Social Security Number Disclosure: Pursuant to Section 666(a)(13) of Title 42 of the United States Code and California Family Code, Section 17520, subdivision (d), the California Department of Public Health (CDPH), is required to collect social security numbers from all applicants for nursing assistant certificates, home health aide certificates, hemodialysis technician certificates or nursing home administrator licenses. Disclosure of your social security number is mandatory for purposes of establishing, modifying, or enforcing child support orders upon request by the Health Integrity and Protection Data Bank as required by 45 CFR §61.1 *et seq*. Failure to provide your social security number will result in the return of your application. Your social security number will be used by CDPH for internal identification, and may be used to verify information on your application, to verify certification with another state's certification authority, for examination identification, for identification purposes in national disciplinary databases or as the basis of a disciplinary action against you.

**Note:** Reports made to the Investigation Section will be coordinated with other agencies.