

## CNA/HHA/CHT REPORT OF MISCONDUCT

To: California Department of Public Health (CDPH)  
 Investigation Section, MS 3303  
 P.O. Box 997416  
 Sacramento, CA 95899-7416  
 (916) 492-8232 or (916) 445-4423  
 Email: [cnamisconduct@cdph.ca.gov](mailto:cnamisconduct@cdph.ca.gov)  
 FAX: (916) 552-8788

From reporting party/complainant:

Name and Title: \_\_\_\_\_

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

Telephone: (    ) \_\_\_\_\_

Requesting anonymity:  Yes  No *Date Sent to CDPH*

Name of Accused CNA/HHA/CHT	Certification number	*Social Security Number	
Other known alias	Date of Birth	Telephone number (    )	
Address (number and street name or P.O. Box number)	City	State	ZIP code
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		

Brief description (include date and approximate time of incident). Use reverse for additional space or attach sheets.

If available, please provide the following:

- Copies of any investigation reports and witness/resident statements related to incident.
- Names and addresses of any law enforcement or other agency to whom this was reported.

**Reported to:**     Licensing and Certification District Office     Law Enforcement Agency     Ombudsman  
 Department of Consumer Affairs     Department of Justice, Bureau of Medi-Cal Fraud & Elder Abuse

Date Reported

\*Social Security Number Disclosure: Pursuant to Title 42, Code of Federal Regulations, section 666(a)(13) and California Family Code, section 17520, subdivision (d), the California Department of Public Health (CDPH), is required to collect social security numbers for nursing assistant certificates, home health aide certificates, and hemodialysis technician certificates. Your social security number will be used by CDPH for internal identification and may be used to verify information.