

**STATE OF HAWAII**  
**OFFICE OF CONSUMER PROTECTION**  
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS  
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**KAUAI**  
274-3141  
Ext. 7-3222

**MOLOKAI & LANAI**  
1-800-468-4644

# COMPLAINT

Case No. \_\_\_\_\_

<p>Ms. ( )  Mrs.( )  Mr. ( ) _____  Your Name* (one complainant per form, unless married)</p> <hr/> <p>Address (Forwarding, if applicable)</p> <hr/> <p>City _____ State _____ Zip Code _____</p> <hr/> <p>( ) _____ ( ) _____  Residence Phone Business Phone</p> <hr/> <p>Email Address _____</p>		<p>_____  Name of Company or Individual you are complaining against (one per form)</p> <hr/> <p>Address</p> <hr/> <p>City _____ State _____ Zip Code _____</p> <hr/> <p>( ) _____ ( ) _____  Residence Phone Business Phone</p> <hr/> <p>Email Address _____</p>
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**\*If someone other than the complainant should be the contact person, please fill in the line below.**

Person to contact, if other than complainant	Address	Contact Phone
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**FURTHER INFORMATION** (if applicable)

1. Description of item or service purchased \_\_\_\_\_
2. Cost of the item or service purchased \_\_\_\_\_
3. Date of transaction \_\_\_\_\_ 4. Name of salesperson \_\_\_\_\_
5. Is the item or service under warranty? \_\_\_\_\_ 6. Signed contract? \_\_\_\_\_
7. Date complained to company \_\_\_\_\_ 8. Persons talked to \_\_\_\_\_
9. If advertised, date/where \_\_\_\_\_

**COMPLAINT.** Please type or print clearly in black ink your specific complaints against the respondent. Attach copies of all pertinent documents (contracts, letters, receipts, photographs); and the names, addresses, and telephone numbers of any witnesses. If you attach a credit card or bank statement, be sure your account number is removed or obliterated. If you need additional space, continue on a separate sheet of paper and attach to this form.

**See attached**

If you believe that this complaint involves issues particularly affecting the elderly, please check here:  (8600)

\_\_\_\_\_  
Your signature (Complainant)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse's signature (if also a complainant)

\_\_\_\_\_  
Date

***A copy of this complaint may be given to the Respondent. It will also become a public record. If there is information that you feel is confidential, such as an unlisted home telephone number, or Social Security number please do not include it on this form or any attachment.***