

HILO OFFICE
345 Kukuanao St., #31
HILO, HI 98720

KONA OFFICE
Keauhou Shopping Center
78-8831 Alii Dr. Rm 134A
Kailua-Kona, HI 98740

MAUI OFFICE
1063 Lower Main St., Ste C-218
Waikuku, Maui, HI 98793

KAUAI OFFICE
3080 Ewa St., #204
Lihue, Kauai, HI 98788

STATE OF HAWAII
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
REGULATED INDUSTRIES COMPLAINTS OFFICE
CONSUMER RESOURCE CENTER
OAHU OFFICE, P. O. BOX 2399
HONOLULU, HI 96804

File No. _____

COMPLAINT FORM

This complaint will not be processed unless this form is complete, legible, signed, dated, and includes copies of all your available EVIDENCE. (For example: Contract, Checks, [front/back], Receipts, Warranty, Medical Records, Photos, Correspondence)

Please type or print clearly in black ink.

Ms. []

Mrs. []

Mr. []

Your name (Complainant)

Name of company or individual complaint is against (Respondent)

Social Security No. _____

Social Security No. _____

Address

Address

City State Zip Code

City State Zip Code

Residence Telephone Business Telephone

Residence Telephone Business Telephone

1. Have you attempted to resolve your complaint with respondent? If so, what transpired?

2. Have you attempted to resolve your complaint through arbitration or mediation? If so, what transpired?

3. Have you attempted to seek any other type of remedy? If so, please explain.

