

**STATE OF HAWAII** 

LINDA LINGLE GOVERNOR

LAWRENCE M. REIFURTH DIRECTOR DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS

> JO ANN M. UCHIDA COMPLAINTS AND ENFORCEMENT OFFICER

REGULATED INDUSTRIES COMPLAINTS OFFICE DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS LEIOPAPA A KAMEHAMEHA BUILDING 235 SOUTH BERETANIA STREET, NINTH FLOOR HONOLULU, HAWAII 96813 TELEPHONE: (808) 586-2653 FAX: (808) 586-2670 www.hawaii.gov/dcca/rico HILO OFFICE 345 KEKUANAOA STREET, SUITE 12 HILO, HAWAII 96720

KONA OFFICE KEAUHOU SHOPPING CENTER, ROOM 134A 78-6831 ALII DRIVE KAILUA-KONA, HAVAII 96740

MAUI OFFICE 1063 LOWER MAIN STREET, SUITE C-216 WAILUKU, HAWAII 96793

> KAUAI OFFICE 3060 EIWA STREET, ROOM 204 LIHUE, HAWAII 96766

# Dear Consumer:

Before filing your complaint with the Regulated Industries Complaints Office (RICO), we request that you:

- Write to the other party to resolve your complaint and
- Send a copy of your letter to our office
- A Sample Complaint Letter is attached for your reference

If you know or suspect that the respondent is not appropriately licensed for the type of activity he is engaging in, you may file a complaint directly with RICO without further contact with the respondent. RICO does not condone the hiring of an unlicensed person or encourage any unlicensed person/entity to finish a project.

If you do not receive a response within 14 days, or the response you receive is not satisfactory:

- Notify RICO in writing by completing the enclosed complaint form
- Attach copies of your correspondence with the other party
- Include **copies** of all pertinent documents regarding your complaint

If you have already written to the respondent in an attempt to resolve your concerns, you may file your complaint with our office without further contact with the respondent. Please provide us with a copy of your correspondence with the respondent.

After we receive your written complaint, an investigator in the Consumer Resource Center (CRC) will:

- Review your complaint to see if RICO has jurisdiction
- Determine if there is enough information and evidence to indicate a possible licensing law violation
- Or, determine if your complaint qualifies for RICO's mediation program.

### Please be aware that:

- If you wish to submit a complaint **anonymously**, you will not be informed about what is happening to your complaint as determinations are made.
- If your complaint is accepted into our case processing system, an investigation and possible legal action could result. RICO is responsible for enforcing certain regulatory laws on behalf of the state of Hawaii. Because we serve the state's interests, we do not act as attorneys or advisors for complainants.
- Based on your complaint, the violations we allege are determined by the laws and the types of sanctions we may seek. Depending upon the type of case, we may seek fines, injunctions, license suspensions or revocations, or restitution. However, although we ask in our complaint form what would be an acceptable resolution of your complaint, please keep in mind that we may not be able to assist you with what you want.
- Unless you indicate otherwise, your complaint will be considered confidential and will be used for RICO purposes only. You may also seek the advice of your attorney to protect any claims you may have.

To call Oahu-RICO, dial the following toll free numbers: Kauai 274-3141, extension 73222; Maui 984-2400, extension 73222; Big Island 974-4000, extension 73222; Molokai and Lanai 1-800-468-4644, extension 73222.

This printed material may be made available for individuals with special needs in Braille, large print or audio tape. Please submit your request to the Complaints and Enforcement Officer by calling 586-2666.

Rev. 4/07

#### SAMPLE COMPLAINT LETTER

Your Address Your City, State, Zip Code

Today's Date

Name of Person You are Complaining To Title (*if applicable*) Company Name (*if applicable*) Street Address or P.O. Box Number City, State, Zip Code

Dear (Name of person you are complaining to):

The Regulated Industries Complaints Office (RICO) recommended I write this letter to you.

On (date), I (bought, leased, rented, had repaired, signed a contract, etc) a/for (name of product or service performed) at (location, or other important details about the transaction).

Unfortunately, your (*product or service*) has not been satisfactory **because** (*state the problem(s)*). I am disappointed because (*explain your concerns*).

To resolve the problem, I would appreciate your (*state the specific action you want*). Enclosed are copies of my records (*receipts, warranty, cancelled checks – front and back, contracts, and any other pertinent documentation*).

I look forward to your written reply and resolution to my problem. Please respond within 14 days of the receipt of this letter or by (*state date 14 days from today's date*). If I do not hear from you I will seek assistance from RICO. Please contact me at the above address or by telephone at (*insert your phone number[s]*).

Very truly yours,

(Your Name)

Enclosures

cc: Regulated Industries Complaints Office

#### STATE OF HAWAII DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS REGULATED INDUSTRIES COMPLAINTS OFFICE CONSUMER RESOURCE CENTER OAHU OFFICE 235 SOUTH BERETANIA STREET, 9TH FLOOR HONOLULU, HI 96813 www.hawaii.gov/dcca/rico

# TRAVEL AGENCY COMPLAINT FORM

File No.

The travel agency you complained against will be informed of this complaint in order to facilitate resolution of this matter. Your complaint may also be referred to mediation, if appropriate. This complaint will not be processed unless this form is complete, legible, signed, dated and includes copies of all available evidence.

YOUR NAME				
Please print legibly or type [ ] Mr. [ ] Ms. [ ] Mrs.	(Last)	(First)	(Middle)	
Addresser				
		4:30pm)	ere you may be reached (8:00am-	
		Residence number:		
		Business number:		
NAME OF	TRAVEL AGE	NCY YOUR COMPLAIN	T IS AGAINST	

Name:

Address:	Phone number:
	Fax number:
	Name of person you dealt with:

Briefly explain your complaint (attach separate sheet if necessary):

# **OTHER INFORMATION**

Please attach COPIES of documents pertaining to your complaint. Do not submit originals, they will not be returned to you.

1. Did you contact the travel agency to try and resolve your complaint?

# If you have not done so, please attempt to resolve your complaint with the travel agency <u>before</u> you file this complaint.

- [ ] Unable to contact the travel agency
- [ ] Yes (Please tell us what happened. Include names of persons contacted and dates of contact.

- 2. How did you choose this travel agency?
  - [ ] Referred by someone
  - [ ] Ad in newspaper (Attach a copy of the advertisement, if possible)

- 3. Type of transaction: [] In-person [] Telephone [] Internet
- 4. Did you receive a Consumer Rights disclosure form which gives you information on your rights regarding refunds and cancellations?
  - []Yes []No

5. How much was paid to the travel agency? \$\_\_\_\_\_\_ (Please attach proof of payment; copies only)

[ ] Receipts

- [ ] Credit card statement
- [ ] Canceled checks (front and back)
- [ ] Other (Please explain) \_

- 6. Did you get an itinerary? [ ] Yes (If yes, please attach a copy) [ ] No
- 7. What would you like to see as a resolution to your complaint? Please keep in mind that what you are seeking may not be within the jurisdiction of the office.

#### FOR YOUR INFORMATION:

A. In addition to this complaint, you may also file an action in civil court. Please get advice from your attorney on filing such a complaint.

If your dispute involves an amount of \$3,500 or less, you may consider filing a claim in Small Claims Court.

B. RICO cannot represent private citizens in court nor collect any money for you. Please contact an attorney for advice on filing such an action.

I hereby certify that all statements in this complaint are true and correct to the best of my knowledge. I understand that RICO is unable to represent private parties in court.

Sign here:

Date:

THANK YOU FOR ASSISTING US IN OUR EFFORTS TO REVIEW YOUR COMPLAINT

FOR OFFICE USE ONLY:			
BREG CHECK: Yes [] No [] (if yes, attach printouts)			
PVL CHECK: Yes [] No [] (if yes, attach printouts)			
PRIOR COMPLAINT HISTORY: Yes [] No [] (if yes, attach printouts)			
Other information:			

This printed material can be made available for individuals with special needs in braille large print or audiotape. Please submit your request to the Complaints & Enforcement Officer at 586-2666.