STATE OF HAWAII

OFFICE OF CONSUMER PROTECTION

HAWAII OFFICE

345 Kekuanaoa St., Ste 12

Hilo, Hawaii 96720-4388

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<u>KAUAI</u> 274-3141 Ext. 7-3222 DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
235 SOUTH BERETANIA STREET, ROOM 801
HONOLULU, HAWAII 96813-2419
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MAUI OFFICE

1063 Lower Main St., Ste. C-216 Wailuku, Hawaii 96793 Ph: (808) 984-8244 Fax: (808) 243-5807

> MOLOKAI & LANAI 1-800-468-4644

COMPLAINT

Case No		
Ms. () Mrs.() Mr. () Your Name* (one complainant per form, unless married)	Name of Company or Individual y	ou are complaining against (one per form)
Address (Forwarding, if applicable)	Address	
City State Zip Code	City State	Zip Code
() Residence Phone () Business Phone	Residence Phone	Business Phone
Email Address *If someone other than the complainant should be the conta	Email Address	
Person to contact, if other than complainant Address	eet persoan, preuse im m the ime .	Contact Phone
FURTHER INFORMATION (if applicable)		
Description of item or service purchased 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	
0 If advertised date/where		

of all pertinent documents (contracts, letters, renumbers of any witnesses. If you attach a credit of	ink your specific complaints against the respondent. Attach copies eceipts, photographs); and the names, addresses, and telephone eard or bank statement, be sure your account number is removed or on a separate sheet of paper and attach to this form.
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If you believe that this complaint involves issues pa	articularly 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.