

STATE OF HAWAII

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COMPLAINT

Case No. _____

Ms. () Mrs. () Mr. () Your Name* (one complainant per form, unless married)	Name of Company or Individual you are complaining against (one per form)
Address (Forwarding, if applicable)	Address
City State Zip Code	City State Zip Code
() Residence Phone	() Residence Phone
() Business Phone	() Business Phone
Email Address	Email Address

***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

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 _____

over

