



DAVID Y. IGE  
GOVERNOR

SHAN S. TSUTSUI  
LT. GOVERNOR

STATE OF HAWAII  
OFFICE OF CONSUMER PROTECTION  
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS  
LEIOPAPA A KAMEHAMEHA BUILDING  
235 SOUTH BERETANIA STREET, ROOM 801  
HONOLULU, HAWAII 96813-2419  
Phone Number: (808) 586-2630  
Fax Number: (808) 586-2640  
[www.hawaii.gov/dcca/ocp](http://www.hawaii.gov/dcca/ocp)

CATHERINE P. AWAKUNI COLÓN  
DIRECTOR

JO ANN M. UCHIDA TAKEUCHI  
DEPUTY DIRECTOR

STEPHEN H. LEVINS  
EXECUTIVE DIRECTOR  
OFFICE OF CONSUMER PROTECTION

AQUILINO R. IDAO  
SUPERVISING INVESTIGATOR

## **FILING A COMPLAINT AT THE OFFICE OF CONSUMER PROTECTION**

The Office of Consumer Protection (OCP) investigates possible unfair or deceptive acts or practices in trade or commerce. There are many ways that we learn of these problems, but our most important source of information is consumer complaints. Therefore, let us begin by saying: "Thank you for helping us spot the problems." That is what you are doing when you fill out the enclosed "Complaint" form.

This memo explains what we will do when you return the enclosed form. Please read this information carefully, so that you will understand what we will and (just as important) will not be doing with your complaint.

1. **WE DO NOT REPRESENT YOU.** Please understand that by accepting your complaint we have not agreed to represent you in any capacity. Any action we take is on behalf of consumers in general. We don't have the resources to investigate every case and our enforcement is limited to cases that involve significant harm to a substantial number of consumers.

2. **HOW WE USE YOUR COMPLAINTS.** We collect and maintain consumer complaints in a data base. This allows us to look for patterns within an industry or in a particular business. While many complaints will be investigated, some will remain in the data base because they represent an isolated incident. That doesn't mean the business was right or wrong.

3. **OUR INVESTIGATION MAY HELP RESOLVE YOUR PROBLEM.** Our investigations are not designed to resolve individual disagreements. We investigate to determine whether or not we can prove that a business violated the law. However, an investigation often causes the business to reconsider its position in the individual case.

4. **HOW YOU CAN HELP US EVALUATE YOUR COMPLAINT.** In order to minimize delays in handling your complaint, and to help us accurately evaluate your claim, it is important that copies of all relevant documents are attached to your complaint form. PLEASE DON'T SEND US YOUR ORIGINAL DOCUMENTS.

Depending on the nature of your complaint, you may want to include copies of cash register receipts, store credits, cancelled checks (front and back), correspondence, invoices, contracts, advertisements, charge card slips, bank statements or any other document that helps explain your situation. **Please note:** *If you include an email contact, we will primarily communicate with you by email. You may wish to check your filter settings so that our emails to you make it through.*

5. **IF WE FIND A VIOLATION, OUR ENFORCEMENT OF THE LAW MAY RESULT IN RESTITUTION TO YOU.** When an investigation establishes a basis for legal action against a business, we generally prove our case by proving specific acts. Thus, we may need to prove you were a victim of an unfair or deceptive act. If so, we almost always make restitution a part of our demand. We like to recover money for injured consumers.

6. **WHAT WE MAY ASK YOU TO DO.** In order to take legal action against the business, we will need your full cooperation. Although the great majority of cases are settled without a trial, you may be asked to be a witness. If you are unable, or unwilling, to testify about your case, please let us know on the complaint form.

7. **HOW YOU CAN HELP YOURSELF RIGHT NOW.** If your claim involves a dispute of charges placed on your credit card or billing statement or if a merchant has promised to reverse or credit your charge card but has failed to do so, you must act quickly to preserve your right to challenge a charge. Under the Federal Fair Credit Billing Act, your credit card company must receive a written dispute notice from you within 60 days after the first bill containing the disputed charge was mailed to you. We cannot dispute this charge for you. Look at the back of your credit card statement for specific information on the procedure for filing your disputes. You must file your dispute with your credit card company; a complaint to the merchant or company that made the charge is not sufficient. Even if you file a credit card dispute, you can still file a claim with our office.

If you have any questions, please call the Consumer Resource Center at 587-4272.  
Neighbor Islands please call toll-free:

KAUAI	274-3141, enter five digit extension code 74272.
MAUI	984-2400, enter five digit extension code 74272.
HAWAII	974-4000, enter five digit extension code 74272.
MOLOKAI & LANAI	1-800-468-4644, enter five digit extension code 74272.

This material can be made available for individuals with special needs in Braille, large print, audio tape. Please submit your request to the Office of Consumer Protection Division Secretary at 586-2636.

We at the Office of Consumer Protection hope we will be able to help you. Please know that we appreciate your bringing your situation to our attention.

**STATE OF HAWAII**  
**OFFICE OF CONSUMER PROTECTION**  
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS  
235 SOUTH BERETANIA STREET, ROOM 801  
HONOLULU, HAWAII 96813-2419  
PH: (808) 586-2630  
FAX: (808) 586-2640  
www.hawaii.gov/dcca/ocp

**HAWAII OFFICE**  
120 Pauahi Street, Suite 212  
Hilo, Hawaii 96720-4388  
Phone: (808) 933-0910  
Fax: (808) 933-8845

**MAUI OFFICE**  
1063 Lower Main St., Ste. C-216  
Wailuku, Hawaii 96793  
Ph: (808) 243-4648  
Fax: (808) 243-5807

**KAUAI**  
274-3141  
Ext. 7-3222

**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 you 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

\_\_\_\_\_  
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 \_\_\_\_\_

**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.***