



STATE OF HAWAII
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
REGULATED INDUSTRIES COMPLAINTS OFFICE
CONSUMER RESOURCE CENTER
OAHU OFFICE
235 SOUTH BERETANIA STREET, 9TH FLOOR
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REPORT OF ON-GOING UNLICENSED ACTIVITY

Use this form to report on-going unlicensed activity. RICO uses unlicensed activity reports to conduct expedited investigations about possible on-going unlicensed activity occurring in the State. (If you have entered into a contract or agreement with an unlicensed company or individual, please complete a RICO Professional Licensing Complaint Form.) Additional information about the industries RICO regulates and applicable licensing laws and rules is available on the RICO website, as well as a fillable version of this and other RICO complaint forms. When completing this form, please print legibly or type.

ACTIVITY INFORMATION

Area: [] Oahu [] Hawaii (Hilo) [] Hawaii (Kona) [] Kauai [] Maui (includes Lanai and Molokai)

Profession:

- [] Accountant [] Acupuncture Practitioner [] Activity Desk [] Athletic Agent [] Athletic Trainer [] Architect [] Appraisal Management [] Audiologist [] Barber or Barber Shop [] Behavior Analyst [] Boxer or Boxing Event [] Cemetery [] Chiropractor [] Collection Agency [] Contractor [] Cosmetologist or Shop [] Dentist/Dental Hygienist [] Dispensing Optician [] Electrician [] Electrologist [] Elevator Mechanic [] EMT/Paramedic [] Employment Agency [] Engineer [] Guard/Guard Agency [] Hearing Aid Dealer/Fitter [] Landscape Architect [] Marriage/Family Therapist [] Massage Therapist [] Massage Establishment [] Mental Health Counselor [] Mixed Martial Arts Event [] Mixed Martial Arts Fighter [] Motor Vehicle Sales [] Motor Vehicle Repairs [] Naturopath [] Nurse [] Occupational Therapist [] Optometrist [] Osteopath [] Pest Control Operator [] Pharmacy/Pharmacist [] Physical Therapist [] Physician [] Physician Assistant [] Plumber [] Podiatrist [] Port Pilot [] Private Detective/Agency [] Psychologist [] Real Estate Appraiser [] Real Estate Broker [] Real Estate Salesperson [] Respiratory Therapist [] Social Worker [] Surveyor [] Time Share [] Travel Agency [] Veterinarian

Description of activity you are reporting (attach a separate sheet if necessary). If possible, please include approximate dates.

Have you reported your complaint to any other law enforcement or government agency? [] Yes [] No If yes, please provide the name of the agency, the approximate date when you filed your report or complaint, and any report or complaint numbers.

Hawaii law provides for enhanced penalties in certain situations where the affected person is 65 years of age or older. If your report involves a person who may be 65 or older, please check here: [] (This information is voluntary.)

LOCATION INFORMATION (Where the activity is occurring)

Address of location:

Owner's name:

Telephone number at location: ()

Address type: business or residential

Email address at location:

Other information: restricted access building gated community other _____

When is work being performed? (days of week, time of day):

Number of workers at location:

Estimated value of the project:

When do you estimate the work you are reporting will be completed?

Description of any vehicles (including, if possible, any license plate numbers):

Any other identifying information (for example, equipment used or nametags worn):

RESPONDENT INFORMATION (Person or business you are reporting)

Respondent's name:

business or individual

Respondent's address:

Telephone number: ()

Email address: ()

Address type: business or residence

Website address (if any):

Physical description (height, weight, hair color):

Please list any other employees or persons working at the location:

Is the Respondent using a license number? yes no If yes, the number: _____

Where does the number appear? (ads, contracts, side of truck, etc.):

Attach **COPIES** of any documents you may have, checking any of the boxes that apply. (**Do not** submit originals!)

- | | |
|--|--|
| <input type="checkbox"/> Advertisements (flyers, brochures, newspaper, internet ads) | <input type="checkbox"/> Invoices |
| <input type="checkbox"/> Business cards | <input type="checkbox"/> Proof of any payments made (receipts, checks) |
| <input type="checkbox"/> Copies of correspondence (letters, emails, notes) | <input type="checkbox"/> Any written warranties, promises, or guarantees |
| <input type="checkbox"/> Contracts, proposals, agreements | <input type="checkbox"/> Photos |
| <input type="checkbox"/> Estimates | <input type="checkbox"/> Other (please list) |

YOUR INFORMATION (My name is)

Do you wish to remain anonymous? Yes No If filing anonymously, complete contact information so we can contact you if additional information is required. Please note, RICO does not provide updates on anonymous complaints.

(Last Name)

(First Name)

(Middle Name)

I am reporting this information on behalf of a business or as an individual. Business name:

Mailing Address:

Telephone numbers: (✓ check best number to reach you at)

Daytime phone: ()

Email:

Cellular phone: ()

I understand investigation and prosecution is at the discretion of the agency and that RICO does not represent me. Knowingly submitting false or untrue information may constitute a violation of Hawaii Revised Statutes § 710-1063.

Sign here:

Date:

Print name here:

This material is available in alternate formats including large print.
Contact RICO at 586-2666.