



**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  
 cca.hawaii.gov/rico

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FOR OFFICIAL USE ONLY

## COMPLAINT FORM – LICENSED CONTRACTOR

**Important information about filing a complaint.** RICO’s jurisdiction is limited to violations of Hawaii’s licensing laws and rules. Violations vary depending on the license type involved. As part of the review and investigation process, the company or individual you are complaining about may be informed of this matter and provided information about your complaint. Additional information about the industries RICO regulates, applicable licensing laws and rules, and a list of Frequently Asked Questions is available on the RICO website, as well as a printable version of this and other RICO complaint forms. *When completing this form, please print legibly or type.*

### COMPLAINANT INFORMATION (Your information)

<input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	(Last Name)	(First Name)	(Middle Name)
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I am filing this complaint on behalf of a  business or as an  individual.

Business name: \_\_\_\_\_

Mailing address: _____	Telephone numbers: (√ check best number to reach you at) <input type="checkbox"/> Daytime phone: (     ) <input type="checkbox"/> Residence phone: (     ) <input type="checkbox"/> Cellular phone: (     )
Email: _____	

Hawaii law provides for enhanced penalties in certain situations where the affected person is 65 years of age or older. If your dispute affects a person who may be 65 or older, please  check here (this information is voluntary).

#### Complete this section if someone is representing you or if you are filing this complaint on behalf of someone else:

Representative to contact, if other than complainant	Address	Phone No.
Your relationship to the complainant: _____		
Signature of COMPLAINANT authorizing RICO to work with REPRESENTATIVE: _____		
Explain here if complainant is unable to sign: _____		

## RESPONDENT INFORMATION (Person or business your complaint is against)

Respondent 1:

Business or  Individual

Address:	Telephone No.: (      )
	Fax: (      )
Email:	Is the business or individual you are complaining about licensed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know  List any professional license number(s) here:

Respondent 2:

Business or  Individual

Address:	Telephone No.: (      )
	Fax: (      )
Email:	Is the business or individual you are complaining about licensed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know  List any professional license number(s) here:

Name of person you dealt with:	Website Address:
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## PROJECT INFORMATION

Address of location:	Owner's name:	
	Telephone number at location: (      )	
Contract date:	Contract price:	Amount paid on contract:
Who presented the contract?	Were you provided information about lien and bond rights? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	
Date work started:	Is work ongoing? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, the date work stopped:	

Address type:  Business or  Residential    Project type:  New construction  Addition  Repair/replace  Other

Building permit?  Yes  No    Obtained by:  Contractor  Homeowner  Don't Know

Were there subcontractors working on the project?  Yes  No    If so, have they been paid?  Yes  No  Don't Know

Were materials purchased for the project?  Yes  No    If so, have they been paid for?  Yes  No  Don't Know

Have you obtained an estimate to  Complete or  Correct work?  Yes  No

If yes, please provide the name of the contractor here and attach a copy of the estimate:

## DESCRIBE YOUR DISPUTE

Please briefly explain your complaint (attach a separate sheet if necessary). If possible, include a timeline of events and approximate dates.

Please attach **COPIES** of any documents you may have about your dispute, checking any of the boxes that apply. **Do not** submit originals; we are unable to return attachments to you.

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|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Advertisements (flyers, brochures, newspaper/internet ads) | <input type="checkbox"/> Building permits                                                                               |
| <input type="checkbox"/> Business cards                                             | <input type="checkbox"/> Invoices or billing statements                                                                 |
| <input type="checkbox"/> Copies of correspondence (letters, emails, notes)          | <input type="checkbox"/> Proof of any payments made (receipts, cancelled checks (front and back), credit card receipts) |
| <input type="checkbox"/> Proposals or estimates                                     | <input type="checkbox"/> Any written warranties, promises, or guarantees                                                |
| <input type="checkbox"/> Plans or specifications                                    | <input type="checkbox"/> Photos                                                                                         |
| <input type="checkbox"/> Contracts or agreements                                    | <input type="checkbox"/> Other (please list) _____                                                                      |
| <input type="checkbox"/> Change orders                                              |                                                                                                                         |

Check here if no attachments are included

Description of any payments made (attach additional pages if necessary):

Date	Paid to	Method	If paid by check	Amount
		<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit <input type="checkbox"/> Debit <input type="checkbox"/> Other _____	Check number:  Issued to:  Memo on check:	
		<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit <input type="checkbox"/> Debit <input type="checkbox"/> Other _____	Check number:  Issued to:  Memo on check:	
		<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit <input type="checkbox"/> Debit <input type="checkbox"/> Other _____	Check number:  Issued to:  Memo on check:	
		<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit <input type="checkbox"/> Debit <input type="checkbox"/> Other _____	Check number:  Issued to:  Memo on check:	
<b>TOTAL PAID</b>				<b>\$</b>

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.

## DID YOU ATTEMPT TO RESOLVE YOUR DISPUTE?

If your dispute involves a licensed business or individual, RICO recommends that you attempt to resolve your dispute with the licensee before filing a formal complaint. Please note unlicensed companies and individuals are not authorized to perform work that requires a license, therefore, RICO cannot recommend resolution of unlicensed complaints that involve additional or corrective work.

Did you contact the respondent to try and resolve your dispute?  Yes  No Please explain any attempts you made to try to resolve the dispute. Indicate if you did not receive a response or you were otherwise unable to contact the business or individual your dispute is about.

Have you filed a lawsuit or other legal action (for example, mediation or arbitration) related to your dispute?  Yes  No If yes, please provide the name of the court, the case number, and attach copies of any relevant documents including any judgments or orders issued in the case.

## ADDITIONAL QUESTIONS

**Office of Consumer Protection.** The Department of Commerce and Consumer Affairs' Office of Consumer Protection (OCP) reviews unfair and deceptive trade practices in consumer transactions. If upon review RICO believes a referral to OCP is appropriate, do you consent to have your complaint sent to that office for review?  Yes  No (Please note OCP complaints are public and your complaint and any information you provide will be made available to requesters.)

**If we are able to assist, what would your desired resolution be?** Although our primary role is to enforce regulatory laws and rules, sometimes we are able to achieve some sort of resolution on the part of complaining parties. ***IF*** we are able to assist, what would your desired resolution be? (Again, as a government agency, RICO represents the State of Hawaii as a whole. We do not represent you in your dispute and strongly advise all consumers immediately explore any civil remedies they may have.)

## CERTIFICATION

RICO requires complainants complete, sign, and certify below. We can assist you if you are unable to sign or otherwise complete this form. Knowingly submitting false or untrue information may constitute a violation of Hawaii Revised Statutes §710-1063.

I certify that all statements and attachments provided to RICO as part of this complaint are true and correct to the best of my knowledge.

I understand investigation and prosecution is at the discretion of the agency and that RICO does not represent me in this dispute.

**Complainant's signature:**

**Date:**

Print name here:

Check here  if signing as representative



Mail completed complaint forms to:  
Regulated Industries Complaints Office  
Attention: Consumer Resource Center  
235 South Beretania Street, 9th Floor  
Honolulu, Hawaii 96813

Complaint forms are accepted at neighbor island RICO offices for mailing.

This material is available in alternate formats including large print. For assistance, please contact the RICO Complaints and Enforcement Officer at 586-2666.