



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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COMPLAINT FORM - LICENSED HEALTHCARE PROFESSIONS

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: _____	

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: _____
 If court appointed to assist the complainant, please provide proof of legal guardianship.

Signature of COMPLAINANT authorizing RICO to work with REPRESENTATIVE: _____

Explain here if complainant is unable to sign: _____

RESPONDENT INFORMATION
(Name of healthcare provider your complaint is against)

Respondent 1:

Business or Individual

Address:

Telephone No.: ()

Fax: ()

Email:

Is the business or individual you are complaining about licensed? Yes No 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? Yes No Don't know

List any professional license number(s) here:

Name of office or facility:

Website address (if any):

DESCRIBE YOUR DISPUTE

Treatment date(s):

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

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

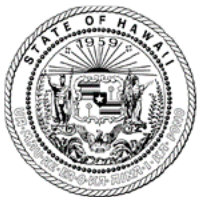
RICO requires complainants complete, sign, and certify below. We can assist you if you are unable to sign or otherwise complete this form. Knowingly submitting false or untrue information may constitute a violation of Hawaii Revised Statutes §710-1063.

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:
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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.