



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

FOR OFFICIAL USE ONLY

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 printable 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 or Area of Practice:

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Accountant | <input type="checkbox"/> Contractor | <input type="checkbox"/> Massage Establishment | <input type="checkbox"/> Physician Assistant |
| <input type="checkbox"/> Acupuncture Practitioner | <input type="checkbox"/> Cosmetologist or Shop | <input type="checkbox"/> Mental Health Counselor | <input type="checkbox"/> Podiatrist |
| <input type="checkbox"/> Activity Desk | <input type="checkbox"/> Dentist/Dental Hygienist | <input type="checkbox"/> Mixed Martial Arts Event | <input type="checkbox"/> Port Pilot |
| <input type="checkbox"/> Athletic Agent | <input type="checkbox"/> Dispensing Optician | <input type="checkbox"/> Mixed Martial Arts Fighter | <input type="checkbox"/> Private Detective/Agency |
| <input type="checkbox"/> Athletic Trainer | <input type="checkbox"/> Electrician or Plumber | <input type="checkbox"/> Motor Vehicle Sale | <input type="checkbox"/> Psychologist |
| <input type="checkbox"/> Architect or Engineer | <input type="checkbox"/> Electrologist | <input type="checkbox"/> Motor Vehicle Repair | <input type="checkbox"/> Real Estate Appraiser |
| <input type="checkbox"/> Appraisal Management | <input type="checkbox"/> Elevator Mechanic | <input type="checkbox"/> Naturopath | <input type="checkbox"/> Real Estate Broker |
| <input type="checkbox"/> Audiologist | <input type="checkbox"/> EMT/Paramedic | <input type="checkbox"/> Nurse (RN, LPN, APRN) | <input type="checkbox"/> Real Estate Salesperson |
| <input type="checkbox"/> Barber or Barber Shop | <input type="checkbox"/> Employment Agency | <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> Respiratory Therapist |
| <input type="checkbox"/> Behavior Analyst | <input type="checkbox"/> Guard/Guard Agency | <input type="checkbox"/> Optometrist | <input type="checkbox"/> Social Worker |
| <input type="checkbox"/> Boxer or Boxing Event | <input type="checkbox"/> Hearing Aid Dealer/Fitter | <input type="checkbox"/> Pest Control Operator | <input type="checkbox"/> Surveyor |
| <input type="checkbox"/> Cemetery/Pre-need Sale | <input type="checkbox"/> Landscape Architect | <input type="checkbox"/> Pharmacy/Pharmacist | <input type="checkbox"/> Time Share Sale |
| <input type="checkbox"/> Chiropractor | <input type="checkbox"/> Marriage/Family Therapist | <input type="checkbox"/> Physical Therapist | <input type="checkbox"/> Travel Agency |
| <input type="checkbox"/> Collection Agency | <input type="checkbox"/> Massage Therapist | <input type="checkbox"/> Physician or Osteopath | <input type="checkbox"/> 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:

LOCATION INFORMATION (Where the activity is occurring)

Address of location:

Owner's name:

Telephone number at location: ()

Email address at location:

Address type: Business or Residential

Other information: Restricted access building Gated community Other _____

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

Number of workers at location:

Estimated value of the project:

If this is a specific 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, list the number: _____

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

Please attach **COPIES** of any documents you may have; check any of the boxes that apply. **Do not** submit originals as we are unable to return attachments to you.

- | | |
|--|--|
| <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, please complete the contact information so we can contact you if we have questions about what you have submitted or if additional information is required. Please note, RICO does not provide updates on anonymous complaints.

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

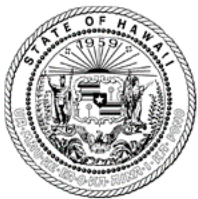
Business name: _____

Mailing Address: _____	Telephone numbers: (✓ check best number to reach you at) <input type="checkbox"/> Daytime phone: () <input type="checkbox"/> Residence phone: ()
Email: _____	<input type="checkbox"/> 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: _____
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Print name here: _____



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.