

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				

RICO COMPLAINT FORM

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 fillable version of this and other RICO complaint forms.

If you want to report on-going unlicensed activity, please complete the Report of On-Going Unlicensed Activity form.						
COMPLAINANT INFORMATION (Your information)						
☐ Dr. ☐ Mr. ☐ Ms. ☐ Mrs.	(Last Name)	(First Name)	(Middle Name)			
Your mailing address:		Telephone numbers (√ check but Daytime phone: ()	Telephone numbers (√ check best number to reach you at): ☐ Daytime phone: ()			
		Residence phone: ()			
Your email:		☐ Cellular phone: ()	☐ Cellular phone: ()			
Are you fil	ing on behalf of a business or organization? $\ \Box$ Ye	es 🗌 No				
If yes, plea	ase provide the name of your business/organization	n:				
If someone is representing the COMPLAINANT, please complete this section.						
Represent	tative's name	Mailing Address	Phone No.			
Representative's 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 (Person or business your complaint is against) Please complete one complaint form per respondent. ☐ Business or ☐ Individual Respondent: Address: Telephone No.: () Fax: (Is the business or individual you are complaining about licensed? Yes No Don't know Email: Website List any professional license number(s) here: Address: Name of person(s) you dealt with: **DESCRIBE YOUR DISPUTE** Please briefly explain your complaint (attach a separate sheet if necessary). If possible, include a timeline of events and approximate dates.

	y of the following documents, please ind <u>it originals</u> ; we are unable to return doc		he box(es) and attaching <u>COPIES</u> of t	he documents.
Business of Copies of Contracts, Estimates Invoices Proof of an Any writted Photos	correspondence (letters, emails, notes) proposals, agreements ny payments made (receipts, cancelled n warranties, promises, or guarantees	checks [front and ba	ack], credit card receipts)	
Other (plea	ase list)	 	Check here if no attachmen	ts are included
Description of Date	any payments made (attach additional			Amount
Date	Paid to	Method Cash	If paid by check Check number:	Amount
		Check Credit Debit	Issued to:	
		Other	Memo on check:	
		Cash Check	Check number:	
		Credit Debit	Issued to:	
		Other	Memo on check:	
		☐ Cash ☐ Check	Check number:	
		Credit Debit	Issued to:	
		Other	Memo on check:	
		☐ Cash ☐ Check	Check number:	
		☐ Credit☐ Debit	Issued to:	
		Other	Memo on check:	
			TOTAL PAID	\$
If no payments	s were made, please explain:			
	DID YOU ATTEMP	T TO RESOL	VE YOUR DISPUTE?	
licensee befor that requires corrective wor Did you contact	ct the respondent to try and resolve you spute. Indicate if you did not receive a	e unlicensed complecommend resolution	anies and individuals are not authorized on of unlicensed complaints that in ☐ No Please explain any attempts	ed to perform work volve additional or syou made to try to

Have you filed a lawsuit or other legal action (for example, mediation or arbitration) related to your dispute If yes, please provide the following:	? 🗌 Yes 🔲 No
1) Name of the court:	
2) Case number, if any:	
3) Attach <u>copies</u> of any relevant documents including any judgments or orders issued in the case.	
Have you reported your complaint to any other law enforcement or government agency?	
1) Name of the agency:	
2) Approximate date when you filed your report or complaint:	
3) Report or complaint number, if any:	
ADDITIONAL QUESTIONS	
Other agency referral: If upon review RICO believes a referral to another government agency is appropriate your complaint sent to that agency for review? Yes No	oriate, do you consent to
If we are able to assist, what would your desired resolution be? Although our primary role is to enforce rules, sometimes we are able to achieve some sort of resolution on the part of complaining parties. <i>IF</i> we would your desired resolution be? (Again, as a government agency, RICO represents the State of Hawa represent you in your dispute and strongly advise all consumers immediately explore any civil remedies the	e are able to assist, what ii as a whole. We do not
CERTIFICATION	
RICO requires complainants complete, sign, and certify below. We can assist you if you are unable to sign this form. Knowingly submitting false or untrue information may constitute a violation of Hawaii Revised States	
I certify that all statements and attachments provided to RICO as part of this complaint are true and c knowledge.	orrect to the best of my
I understand investigation and prosecution is at the discretion of the agency and that RICO does not repre	sent me in this dispute.
Complainant's/Representative's signature:	Date:
Print name here:	ning 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.