

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 – 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 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 maili	ng address:	Telephone numbers (√ check b □ Daytime phone: () □ Residence phone: ()				
Your emai	il:	Cellular phone: ( )	Cellular phone: ( )			
Are you fil	ing on behalf of a business or organization? 🗌 Ye	s 🗌 No				
lf yes, plea	ase provide the name of your business/organization	1:				
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 $\Box$ check here (this information is voluntary).						
If someone is representing the COMPLAINANT, please complete this section.						
Represent	tative's Name	Mailing Address	Phone No.			
Representative's relationship to the COMPLAINANT:						
Signature	of COMPLAINANT authorizing RICO to work with r	epresentative:				
Explain he	Explain here if COMPLAINANT is unable to sign:					

#### **RESPONDENT INFORMATION (Person or business your complaint is against)** Please complete one complaint form per respondent.

Respondent:	🗌 Business or 🔲 Individual
Address:	
	Telephone No.: ( )
	Fax: ( )
Email:	Is the business or individual you are complaining about licensed?  Yes No Don't know
Website Address:	List any professional license number(s) here:

Name of person(s) you dealt with:

PROJECT INFORMATION				
Address where project is located:				
		Owner's name	e:	
		-		
Address type: Business or Reside	ential	Telephone nu	mber at project: ()	
Contract date:	Contract price:		Amount paid on contract:	
Who presented the contract?			Were you provided information about lien and bond rights?	
			Yes No Don't Know	
Date work started:	Is work ongoing?	es 🗌 No If	no, the date work stopped:	
Project type: 🗌 New construction 🔲 Addition 🔲 Repair/replace 🔲 Other				
Building permit? 🗌 Yes 🔲 No 🛛 If yes, was the permit obtained by: 🔲 Contractor 🔲 Homeowner 🔲 Don't Know				
Were there subcontractors working on the project? 🗌 Yes 📄 No If yes, have they been paid? 🗌 Yes 📄 No 📄 Don't Know				
Were materials purchased for the project? 🗌 Yes 🗌 No 🛛 If yes, have they been paid for? 🗌 Yes 🗌 No 📄 Don't Know				
Did you receive a written estimate from another contractor to correct or complete the 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.

If you have any of the following documents, please indicate by checking the box(es) and attaching <u>COPIES</u> of the documents. <u>Do not submit originals</u>; we are unable to return documents to you.

🗌 Adv	rertisements (flyers, brochures, newspaper/internet ads)	Building permits
Bus	iness cards	Invoices or billing statements
Cop	pies of correspondence (letters, emails, notes)	Proof of any payments made (receipts, cancelled checks
Pro	posals or estimates	[front and back], credit card receipts)
🗌 Plai	ns or specifications	Any written warranties, promises, or guarantees
Cor	itracts or agreements	Photos
Cha	ange orders	Other (please list)

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
		🗌 Cash	Check number:	
		Check		
			Issued to:	
		Other	Memo on check:	
		Cash	Check number:	
		Check		
		Credit	Issued to:	
		Debit		
		☐ Other	Memo on check:	
		Cash	Check number:	
		Credit	Issued to:	
		Debit		
		Other	Memo on check:	
		Cash	Check number:	
			Issued to:	
		Other	Memo on check:	
TOTAL PAID \$				

If no payments were made, please explain:

# 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 following:

1) Name of the court: \_\_\_\_\_\_

2) Case number, if any: \_\_\_\_\_

3)	Attach copies of	f any relevant	documents including a	ny judgments or orde	ers issued in the case.	

Have you reported your complaint to any other law enforcement or government agency? 🗌 Yes	🗌 No	
If yes, please provide the following:		

1) Name of the agency: \_\_\_\_\_

2) Approximate date when you filed your report or complaint: \_\_\_\_\_\_

Report or complaint number, if any: \_\_\_\_\_\_

## **ADDITIONAL QUESTIONS**

**Other agency referral:** If upon review RICO believes a referral to another government agency is appropriate, do you consent to have your complaint sent to that agency for review?  $\Box$  Yes  $\Box$  No

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/Representative's signature:

Date:

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.

Check here if signing as representative

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