

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 –** MOTOR VEHICLE REPAIR MECHANICS AND SHOPS

**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)	(F	irst Name)	(Middle Name)			
Your mailing address:		Telephone numbers (√ check best number to reach you at):					
			☐ Daytime phone: ( )				
			Residence phone: (	)			
Your email:			Cellular phone: ( )				
Are you fill	ing on behalf of a business or organization? $\ \square$ Ye	es [	□ No				
If yes, plea	ase provide the name of your business/organization	า:					
If someone is representing the COMPLAINANT, please complete this section.							
Representative's Name			Mailing Address	Phone No.			
Representative's relationship to the COMPLAINANT:							
Signature of COMPLAINANT authorizing RICO to work with representative:							
Explain he	ere 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:	Name of mechanic(s) who worke	Name of mechanic(s) who worked on your vehicle:	
VEHICLE INI	FORMATION		
Year: Make:	Model:	Mileage:	
License Number:	VIN Number:	-	
Vehicle Type: ☐ Car ☐ Truck ☐ Motorcycle ☐ Other _			
Is the vehicle still under the manufacturer's warranty?	☐ No ☐ Don't know		
Do you have an extended service contract? ☐ Yes ☐ No	☐ Don't know		
Do you still have the vehicle? ☐ Yes ☐ No			
DESCRIBE YO			
Briefly explain your complaint (attach a separate sheet if necessary ou took the vehicle in for service, and any conversations you		ervice, an explanation why	

•	y of the following documents, please inc i <u>t originals</u> ; we are unable to return doc	, ,	ne box(es) and attaching <b>COPIES</b> of the	ne documents.	
☐ Did you si	ceive a written estimate?	de a copy) 🔲 No			
Business of Copies of Repair and Proof of ar Photos Other (pleating) Check her	correspondence (letters, emails, notes) d/or service orders and/or invoices ny payments made (receipts, cancelled of ase list) e if no attachments are included any payments made (attach additional p	checks [ <i>front and ba</i>			
Date	Paid to	Method	If paid by check	Amount	
		Cash Check Credit Debit Other	Check number:  Issued to:  Memo on check:		
		Cash	Check number:		
		Check Credit Debit	Issued to:		
		Other	Memo on check:		
		☐ Cash ☐ Check	Check number:		
		☐ Credit☐ Debit☐	Issued to:		
		Other	Memo on check:		
		Cash Check Credit	Check number:  Issued to:		
		Debit Other	Memo on check:		
			TOTAL PAID	\$	
If no payments	s were made, please explain:		TOTAL FAID	Ψ	
		T TO DECOL	VE VOLID DIODUTEO		
	DID YOU ATTEMP	I TO RESUL	VE YOUR DISPUTE?		
licensee befor that requires corrective wor		e unlicensed compa ecommend resolution	anies and individuals are not authoriz on of unlicensed complaints that in	ed to perform work olve additional or	
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 reported your complaint to any other law enforcement or government agency? $\square$ Yes $\square$ No If yes, please provide the following:						
1) Name of the agency:	· · · · · · · · · · · · · · · · · · ·					
2) Approximate date when you filed your report or complaint:	· · · · · · · · · · · · · · · · · · ·					
3) Report or complaint number, if any:						
Have you filed a lawsuit or other legal action (for example, mediation or arbitration) related to your dispute of the following:	? 🗌 Yes 🔲 No					
1) Name of the court:						
2) Case number, if any:						
3) Attach <b>copies</b> of any relevant documents including any judgments or orders issued in the case.						
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 regulatory laws and rules, sometimes we are able to achieve some sort of resolution on the part of complaining parties. <i>IF</i> 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						
OLKIII IOXII OK						
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 St						
I certify that all statements and attachments provided to RICO as part of this complaint are true and continuously 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.