



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

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)

<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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Your mailing address:	Telephone numbers (✓ check best number to reach you at):
	<input type="checkbox"/> Daytime phone: ()
	<input type="checkbox"/> Residence phone: ()

Your email:	<input type="checkbox"/> Cellular phone: ()
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Are you filing on behalf of a business or organization? Yes No

If yes, please provide the name of your business/organization:

If someone is representing the COMPLAINANT, please complete this section.

_____	_____	_____
Representative’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.

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 worked on your vehicle:

VEHICLE INFORMATION

Year:

Make:

Model:

Mileage:

License Number:

VIN Number:

Vehicle Type: Car Truck Motorcycle Other _____

Is the vehicle still under the manufacturer's warranty? Yes 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 YOUR DISPUTE

Briefly explain your complaint (attach a separate sheet if necessary). If possible, include **dates of service**, an **explanation why you took the vehicle in for service**, and any **conversations you had with the repair dealer**.

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

- Did you receive a written estimate? Yes (provide a copy) No
 Did you sign an estimate waiver? Yes (provide a copy) No
 Did you receive a warranty for work done? Yes (provide a copy) No

- Advertisements (flyers, brochures, newspaper or internet ads)
 Business cards
 Copies of correspondence (letters, emails, notes)
 Repair and/or service orders and/or invoices
 Proof of any payments made (receipts, cancelled checks [*front and back*], credit card receipts)
 Photos
 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
		<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit <input type="checkbox"/> Debit <input type="checkbox"/> Other _____	Check number: Issued to: Memo on check:	
		<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit <input type="checkbox"/> Debit <input type="checkbox"/> Other _____	Check number: Issued to: Memo on check:	
		<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit <input type="checkbox"/> Debit <input type="checkbox"/> Other _____	Check number: Issued to: Memo on check:	
		<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit <input type="checkbox"/> Debit <input type="checkbox"/> Other _____	Check number: Issued to: 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 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: _____
- 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? Yes No

If yes, please provide the following:

- 1) Name of the court: _____
- 2) Case number, if any: _____
- 3) Attach **copies** 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, do you consent to have your complaint sent to that agency for review? Yes 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: _____

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 Consumer Resource Center at (808) 587-4272.