



STATE OF HAWAII  
CABLE TELEVISION DIVISION  
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS  
P.O. Box 541  
Honolulu, HI 96809  
Phone: (808) 586-2620  
Fax: (808) 586-2625  
Email: cabletv@dcca.hawaii.gov

**COMPLAINT/INQUIRY FORM**

<input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr.		
Your Name (Complainant)		
Address (Forwarding, if applicable)		
City		State
		Zip Code
Residence Phone	Business Phone	Email Address
<p>COMPLAINT. Please type or print clearly your specific complaint against the cable company/organization (Respondent). Include photocopies of all pertinent documents (contract, letters, billings, receipts, or other relevant documents); and the names and telephone numbers of persons you contacted in trying to resolve your complaint. If you attach a credit card or bank statement, be sure your account number is removed or obliterated. If you need additional space, continue on a separate sheet of paper and attach to this form.</p>		
Name of cable company/organization (Respondent) against whom this complaint is made:		
Date(s) problem occurred:		
Date(s) complaint to the cable / organization:		
Person(s) to whom you complained to:		

DESCRIPTION OF COMPLAINT:

An acceptable resolution to my complaint is: (I understand that what I want as a resolution may not be within the authority of your office)

Your Signature

Date

*A copy of this complaint may be given to the Respondent. It will also become a public record. If there is information that you feel is confidential, such as an unlisted home telephone number, please do not include it on this form or any attachment. Thank you.*