

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 – 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 are available on the RICO website.

If you want to report on-going unlicensed activity, please complete the Report of On-Going Unlicensed Activity form.

COMPLAINING WITNESS 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: ()
	<input type="checkbox"/> Cellular phone: ()
Your email:	

Are you filing on behalf of a business or organization? Yes No

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

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 check here (this information is voluntary).

If someone is representing the COMPLAINING WITNESS, please complete this section.

Representative’s Name _____ Mailing Address _____ Phone No. _____

Representative’s relationship to the COMPLAINING WITNESS: _____
If court appointed to assist the COMPLAINING WITNESS, please provide proof of legal guardianship.

Signature of COMPLAINING WITNESS authorizing RICO to work with representative: _____

Explain here if COMPLAINING WITNESS 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:

Address type: Business or Residential

Telephone number 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? Yes 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 **COPIES** of the documents. **Do not submit originals**; we are unable to return documents to you.

- | | |
|---|---|
| <input type="checkbox"/> Advertisements (flyers, brochures, newspaper/internet ads) | <input type="checkbox"/> Building permits |
| <input type="checkbox"/> Business cards | <input type="checkbox"/> Invoices or billing statements |
| <input type="checkbox"/> Copies of correspondence (letters, emails, notes) | <input type="checkbox"/> Proof of any payments made (receipts, cancelled checks [front and back], credit card receipts) |
| <input type="checkbox"/> Proposals or estimates | <input type="checkbox"/> Any written warranties, promises, or guarantees |
| <input type="checkbox"/> Plans or specifications | <input type="checkbox"/> Photos |
| <input type="checkbox"/> Contracts or agreements | <input type="checkbox"/> Other (please list) _____ |
| <input type="checkbox"/> Change orders | |

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 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.

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: _____

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

What is your desired resolution? In answering, please be aware that RICO is a government agency that represents the State of Hawaii as a whole, and not individual persons like consumers. Consumers, therefore, should consider seeking private or civil dispute resolution procedures and remedies too.

CERTIFICATION

Complaining witnesses are required to complete, sign, and certify below for RICO to process this. 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 that all documents and materials that I provide to RICO will not be returned to me and are subject to the State's retention policies, including purging and destruction.

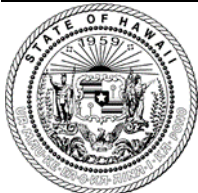
I understand that investigation and prosecution are at the discretion of the agency and that RICO does not represent me in this dispute.

Complaining Witness'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 1-844-808-3222.