

**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**

COMPLAINT/INQUIRY FORM

Ms. ()
Mrs. ()
Mr. () _____
Your Name (Complainant)

Address (Forwarding, if applicable)

City State Zip Code

() _____ () _____
Residence Phone Business Phone

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.

Name of cable company/organization
(Respondent) against
whom this complaint is made: _____

Date(s) problem occurred: _____

Date(s) complained to the
cable company/organization: _____

Person(s) to
whom you complained to: _____

