

STATE OF HAWAII Securities Enforcement Branch Department of Commerce & Consumer Affairs

335 Merchant Street, Suite 205, Honolulu, Hawaii 96813 Post Office Box 40, Honolulu, Hawaii 96810

COMPLAINT FORM

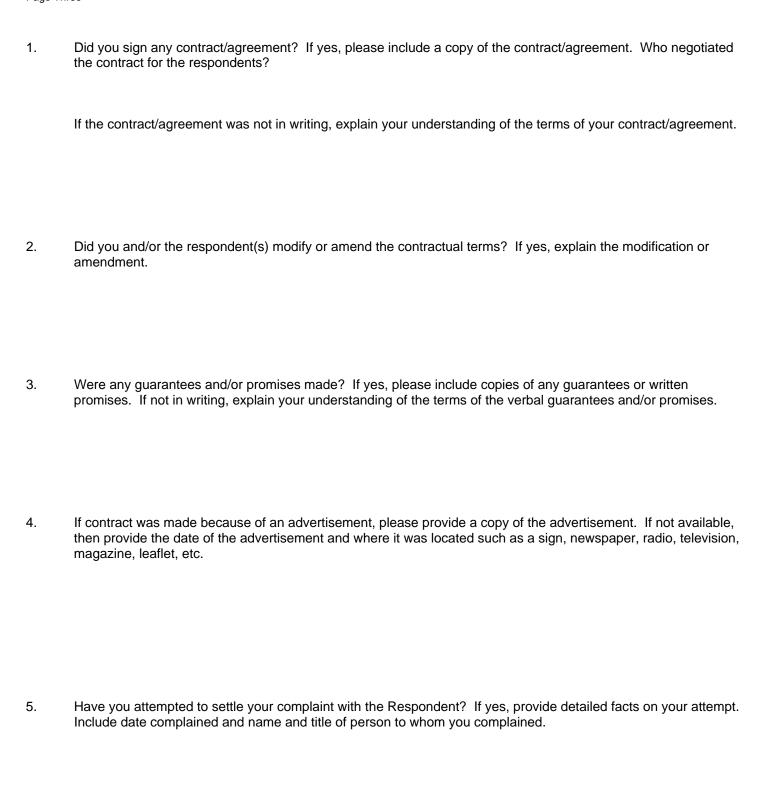
Please type or print clearly. Attach separate sheet if more space required.			Case Number:
COMPLAINANT	Mr. () Mrs. () Ms. ()	Complainant's Name :	Date of Birth:
		umber:	Issuing State:
Ö	Mailing Address: _		
	Home Telephone : _		Work Telephone:
RESPONDENTS		and/or individual your complaint is agains	
ONE			
ESF	Address :		
A.	Telephone :		<u> </u>
	Witness Name(s):		
	Address :		
	Telephone :		
SES	Witness Name(s):		
TNESSES	Address :		
WITI	Telephone :		
	Witness Name(s):		
	Address :		
	Telephone :		

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COMPLAINT SUMMARY. Please <u>type or print in dark ink</u> a complete and detailed chronological statement of your complaint. Include copies of all documents, such as contracts, correspondence, receipts, statements, and photographs. If you need additional space, continue on a separate sheet of paper and attach to this form.

DATE/TIME	EVENT

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6.	Have you attempted to settle your complaint with another agency or with the Courts? If yes, what agency or Court (provide the name and address of person contacted)?
7.	What would you consider to be a fair resolution of your complaint and why?

7.	What would you consider to be a fair resolution of your complaint and why?		
8.	Please attach relevant documentation to support your complaint.		
	If documents are not attached, explain why you are not providing documents to support your complaint:		
-			
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CERTIFICATION OF COMPLAINT

This complaint will not be processed unless this form is complete, legible and signed.

I hereby certify that all statements in this complaint are true and correct to the best of my knowledge, and I agree to testify.

Complainant's Signature	Date

NOTE: This material can be made available for individuals with special needs. Please call the division secretary, Business Registration Division, Department of Commerce and Consumer Affairs (DCCA) at 586-2744 to submit your request.