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 (Con	nplainant)		
Address (Forwarding, if app	plicable)		_
City	State	Zip Code	_
(<u>)</u> Residence Phone	(<u>)</u> Business	s Phone	_
company/organization (Responsation) (Responsation) contacted in try	ondent). Include ther relevant docuring to resolve yount number is renof paper and attaction	photocopies of all uments); and the n ur complaint. If y noved or obliterate	complaint against the cable pertinent documents (contract ames and telephone numbers o rou attach a credit card or banled. If you need additional space
Date(s) problem occurred:			
Date(s) complained to the cable company/organization	n:		
Person(s) to whom you complained to:			
			-

DESCRIPTION OF COMPLAINT:	
_	
An acceptable resolution to my resolution may not be within the au	complaint is: (I understand that what I want as a thority 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, or Social Security number, please do not include it on this form or any attachment. Thank you.