

FOR OFFICE USE ONLY

IC#: _____

Assigned to: _____

Date Assigned: _____



STATE OF HAWAII
Public Utilities Commission

465 South King St., #103
HONOLULU, HAWAII 96813
e-mail: Hawaii.PUC@hawaii.gov

Informal Complaint Form

Complainant

Your Name	Name of your Business or Company
Your Mailing Address	Business or Company Mailing Address
Personal Contact Information (Residence, Cell, Etc.)	Business Contact Information (Main No., Ext., Cell, Etc.)

Complaint Against

Company Name	Company's Telephone Number
Main Address	Mailing Address
Your Account No.	Other Account Information

Nature of Complaint

Use this section to describe the nature of your complaint. Describe the events in the order in which they occurred as best as you can. Along with this form, please submit any and all supporting documents (billing statements, correspondences, notes, etc.).

Statement of Remedial Action Desired

Use this section to indicate what actions you would like to see the Commission take on your behalf to solve this problem.