Print Form

For Office Use Only
IC Number: _____
Assigned to: _____
Date Assigned:

STATE OF HAWAII

PUBLIC UTILITIES COMMISSION

Residential/Business Complaint Form

Complainant

Your Name	Mailing Address
Name of your 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.