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| **DEPARTMENT OF TRANSPORTATION****STATE OF HAWAII****MOTOR CARRIER SAFETY****INFORMAL INQUIRY & COMPLAINT FORM** |
| **PLEASE PRINT IN INK OR TYPE- (NOTIFY THIS OFFICE IF YOUR COMPLAINT OR INQUIRY HAS BEEN SATISFIED)** |
| **PLAINTIFF** | **DEFENDANT** |
| **PRINT YOUR NAME:** | **NAME OF COMPANY:** |
| **STREET ADDRESS: (MUST BE FILLED)** | **ADDRESS:** |
| **MAILING ADDRESS: (IF APPLICABLE)** | **CITY AND COUNTY: ZIP CODE:** |
| **CITY AND COUNTY: ZIP CODE:** | **TELEPHONE NUMBER:** |
| **RESIDENCE TELEPHONE: BUSINESS TELEPHONE:** | **REFERENCE NUMBER:** |
| **STATEMENT OF INQUIRY OR COMPLAINT (EXPLAIN FULLY DESCRIBING EVENTS IN THE ORDER IN WHICH THEY OCCURRED, AND IF NECESSARY, USE ADDITIONAL SHEETS AND ATTACHED IT TO THIS FORM).** |
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| **WAS THIS MATTER DISCUSSED WITH THE DEFENDANT? YES/NO (CIRCLE ONE)**1. **DATES(S) OF DISCUSSION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **NAME OF COMPANY REPRESENTATIVE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
3. **METHOD: YES/NO IN PERSON AT COMPANY OFFICE: YES/NO LOCATION OF OFFICE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ELSEWHERE: YES/NO LOCATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **FOR DEPARTMENT OF TRANSPORTATION (MOTOR CARRIER SAFETY) USE:**  |
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