



Commodities Branch
1851 Auiki Street
Honolulu, Hawaii 96819-3100
Phone: (808) 832-0700

Department
of Agriculture
STATE OF HAWAII

STATEMENT OF COMPLAINT

Concerning An Alleged Violation of Chapter 145, Hawaii Revised Statutes
(Regulation of Dealers in Farm Produce)

COMPLAINANT – Farmer/Producer (Complaint made by)	RESPONDENT (Party complained against)
Name	Company Name
Title	dba
Company Name	Address
dba	City, State, Zip
Address	Contact Person
City, State, Zip	Title
Phone	Phone

I, _____, complainant, whose address appears above, hereby state that:

1. I delivered to _____, respondent, farm produce as specified below, grown and produced by complainant within the State of Hawaii.
2. Respondent took possession of the farm produce from complainant and has failed to pay to complainant, the full purchase price within the time and in the manner agreed upon as stated below.
3. The indebtedness of the respondent to the complainant is \$ _____ which is now due.
4. The following are supportive facts to these claims:

A. The reason for filing this complaint is:

- (1) Nonpayment
- (2) Payments being made are not in accordance with agreement
- (3) Respondent claims payment in full was made but amount received is less than agreement

B. The type and quantity of farm product involved is: _____

C. The payment method was agreed upon through:

- (1) Verbal agreement
- (2) Written contract
- (3) Letter
- (4) Other – Specify _____

What was the agreement? _____

D. The selling price was:

- (1) Established before shipment
- (2) The current market price
- (3) Other – Specify _____

E. The payment method agreed upon was:

- (1) Cash upon receipt of product
- (2) Cash within 30 days
- (3) Consignment sale
- (4) Other – Specify _____

F. The amount of claim was determined as follows:
(If needed include additional attachment)

Invoice Date	Invoice Number	Quantity (Net Wt. / Units)	Type of Product	Unit Price		
_____	_____	_____ of _____	_____	@ _____	=	\$ _____
_____	_____	_____ of _____	_____	@ _____	=	\$ _____
_____	_____	_____ of _____	_____	@ _____	=	\$ _____
_____	_____	_____ of _____	_____	@ _____	=	\$ _____
_____	_____	_____ of _____	_____	@ _____	=	\$ _____
_____	_____	_____ of _____	_____	@ _____	=	\$ _____
_____	_____	_____ of _____	_____	@ _____	=	\$ _____
_____	_____	_____ of _____	_____	@ _____	=	\$ _____
_____	_____	_____ of _____	_____	@ _____	=	\$ _____
_____	_____	_____ of _____	_____	@ _____	=	\$ _____
_____	_____	_____ of _____	_____	@ _____	=	\$ _____
_____	_____	_____ of _____	_____	@ _____	=	\$ _____
Subtotal from this page						\$ _____
Subtotal from attachment						\$ _____
Total Value of Sales						\$ _____
Total interest @ _____ % per _____					+	\$ _____
Payments to principal					-	\$ _____
Payments to interest					-	\$ _____
Total Claim (same as line 3)						\$ _____

G. The interest being charged was agreed to in writing:

- Yes
- No
- Not Applicable

H. If applicable, the last payment for this claim was received on: Date _____ Amount _____

I. Shipments of farm product were made as follows:

First Shipment date: _____

Last Shipment date: _____

Number of shipments: _____

J. The quantity in each shipment was:

(1) Specified by respondent

(2) Unspecified

(3) Other – Specify _____

What was the agreement? _____

K. Give a brief statement or list the attempts you have made to resolve your claim against the respondent. (Indicate the personal visits made, calls made, letters written, invoices mailed, etc. Indicate statements and promises made to you by the respondent.)

L. I have attached copies of the following documents to substantiate items A to K:

(Do not send originals)

- (1) Contract (written)
- (2) Contract (our interpretation of the verbal agreement)
- (3) Bill(s) of lading
- (4) Invoices
- (5) Letters
- (6) Statements
- (7) Promissory notes or other statements of collateral
- (8) Other – Specify _____

5. I understand I may be required to appear before a hearing officer at my own expense and present originals of any supportive documents should this complaint result in a hearing concerning this alleged violation.

6. Statements made above by me are true and correct to the best of my knowledge.

Print name of Complainant
Signature of Complainant
Date

Witnessed by: _____
Department Officer

NOTE: if complainant is unable to sign before a Department Officer, he/she is to sign before a Notary Public.

STATE OF HAWAII)
CITY AND COUNTY OF _____)SS

On this _____ day of _____, 20____, before me personally appeared _____, who acknowledged and signed the forgoing complaint as his/her free act and deed.

Notary Public, _____ Circuit
State of Hawaii

My commission expires: _____

Filed: _____, 20____