

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

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 Cell	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

- 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
 - \Box (2) Cash within 30 days
 - □ (3) Consignment sale
 - (4) Other Specify ____
- F. The amount of claim was determined as follows: (Include additional attachment if needed)

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		@	=	\$
		of		@	=	\$
		of		@	=	\$
		of		@	=	\$
		of		@	=	\$
		of		@	=	\$
		of		@	=	\$
Qty. Sul	btotal this page)	Subtotal from this page	je		\$
Subtota	l attachment(s)		Subtotal from attachm	nent(s)		\$
г	Fotal Quantity		Total Value of Sales			\$
			Total interest @	_% per	+	\$
			Payments to principal	l	-	\$
			Payments to interest		-	\$
			Total Claim			\$

G.	The	e interest being charged was agreed to in writing:	ry. 5
	Н.	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	

DL-14

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.)

- □ (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. I declare under penalty of perjury that the statements made above true and correct.

Print name of Complainant	Signature of Complainant	Date
Signature verified by:	rtment Officer	
NOTE: if complainant is unable to sign be	efore a Department Officer, he/she is to sigr	before a Notary Public.
STATE OF HAWAII CITY AND COUNTY OF))SS	
	, 20, 20, 20	
	 Notary Public, _	Circuit

State of Hawaii

My commission expires: _____

Attachment sheet(s) for use with item 4.F. if needed.

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	@	=	= \$
		of	@	=	= \$
		of	@	=	= \$
		of	@	=	= \$
		of	@	=	= \$
		of	@	=	= \$
		of	@	=	= \$
		of	@	=	= \$
		of	@	=	= \$
		of	@	=	= \$
		of	@	=	= \$
		of	@	=	= \$
		of	@	=	= \$
		of		=	= \$
al Quantity	for this page		Total Amount	for this page	\$