



STATE OF HAWAII
DEPARTMENT OF THE ATTORNEY GENERAL
Ka 'Oihana O Ka Loio Kuhina
TAX & CHARITIES DIVISION
425 QUEEN STREET
HONOLULU, HAWAII 96813
(808) 586-1480

TAX & CHARITIES DIVISION
COMPLAINT FORM

Important information about filing a complaint. Tax & Charities Division's jurisdiction is generally limited to public benefit corporations, charitable organizations, professional solicitors, professional fundraising counsels, and their charitable assets and/or charitable solicitation activities in the State of Hawaii. As part of the review and investigation process, the organization you are complaining about may be informed of this matter and provided certain information about your complaint.

YOUR CONTACT INFORMATION

Name:

Address:

Telephone number(s):

Email address:

ORGANIZATION INFORMATION

Please provide the following information, if available, for the subject organization of this complaint.

Name of organization, include any other names it uses:

Address of organization:

Telephone number(s) of organization:

Website of organization:

Email address(es) of organization:

Please describe your complaint here: (please include any documents relating to the complaint and do not send originals as any documents submitted will not be returned)

Have charitable assets been lost, wasted, or diverted from proper charitable purposes, or is there a danger that such loss will soon occur? YES NO

If yes, please describe the type of charitable asset that has been lost, wasted, or diverted and give your best estimate of the amount lost or at risk:

**Has this matter been reported to the organization or with any government agency?
 YES NO**

If yes, what action has already been taken, either within the organization or with other government agencies, to try to resolve this problem? Please provide the name of the organization and/or government agency, contact person at the organization and/or government agency, the date of contact, and the outcome.

Have you reported your complaint to any law enforcement agency? YES NO

If yes, please provide the name of the agency, the approximate date when you filed your report or complaint, and any report or complaint numbers.

Have you filed a lawsuit or other legal action (for example, mediation or arbitration) related to your dispute? YES NO

If yes, please provide the name of the court, the case number, and attach copies of any relevant documents including any judgments or orders issued in the case. Do not send originals as any documents submitted will not be returned.

List the name, address, telephone number(s), and email address(es), if known, of persons you believe may be responsible for this problem:

List the name, address, telephone number(s), and email address(es) of any other person who may have additional information concerning the complaint:

CERTIFICATION AND ACKNOWLEDGEMENT

I understand that knowingly submitting false or untrue information may constitute a violation of Hawaii Revised Statutes § 710-1063.

I understand the Attorney General may disclose my name, address, and contents of the complaint to other government agencies for further review and action, if necessary.

I understand that investigation and prosecution is at the discretion of the Attorney General and that the Attorney General does not represent me in this dispute.

I certify and acknowledge that I have read and understand all of the above statements and my statements and attachments provided as part of this complaint are true and correct to the best of my knowledge and belief.

Complainant's signature (electronic signature is acceptable):

Date:

Print name here:

Please send the completed form and any attachments to:

**Tax & Charities Division
Department of the Attorney General
425 Queen Street
Honolulu, HI 96813**

or

ATG.Charities@hawaii.gov