

STATE OF HAWAII  
DEPARTMENT OF TRANSPORTATION  
HIGHWAYS DIVISION

**COMPLAINT/REQUEST**

Tracking Number:

Time:

Date:

Name:

Company Name:

Address:

City:

Phone

Home:

Business:

Zip Code:

Complaints:

Area:

Route:

Location:

Remarks:

Route Name:

Call Received By:

Referred to:

Action taken:

Completion date:

Sign:

Reference Work Order:

Tort: