STATE OF HAWAII DEPARTMENT OF TRANSPORTATION **HIGHWAYS DIVISION**

COMPLAINT/REQUEST

Tracking Number:

Name:

City:

Area:

Route: Loc.: Remarks:

Time: Date: Phone **Company Name** Home: Address: **Business:** Zip Code: Complaints: Route Name:

Call Rec. By: Ref. To: Act. taken:

Comp. date: Sign:

Ref. W/O:

Tort: