

PROCEDURES GOVERNING HEARINGS
CONDUCTED BY THE NEIGHBORHOOD COMMISSION

OFFICIAL COMPLAINT FORM

1. COMPLAINANT

Print Name: _____
First Middle (or Initials) Last

Residence Address: _____
Number Street Apt. # City Zip

Mailing Address: _____
(if different from resident) City Zip

Contact Number: _____ Contact Email: _____

Please check below, as applicable:

I am a member resident of Neighborhood Board: _____

Other (specify): _____

2. RESPONDENT NAME(S): _____

3. DATE OF ALLEGED VIOLATION:

* Note: Complaint must be filed within forty-five (45) calendar days of alleged violation (NP 2008 Sec 2-18-101)

* Date: _____ Time: _____

* Other (specify): _____

4. SPECIFICS (Refer to the 2008 Neighborhood Plan <http://www1.honolulu.gov/nco/2008nplan.htm>)

**SPECIFY the section(s) of the Plan that you allege was violated; and
DESCRIBE why you think that part of the Neighborhood Plan was violated.
*Complaints that fail to cite a Plan section will be dismissed.**

Alleged violation of Neighborhood Plan 2008 section: _____ - _____ - _____

Details (may attach further sheets):

REQUESTED BY _____ DATE: _____
COMPLAINANT (signature)

Review Request Number (Internal Use Only): _____