

**STATE OF HAWAII**  
**Department of Human Services**

**DISCRIMINATION COMPLAINT FORM**

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NAME	SS NO. (Last 4 digits only)	PHONE (Business)	PHONE (Home)
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STREET ADDRESS	CITY/STATE	ZIPCODE
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EMPLOYER (Division/Unit) if applicable \_\_\_\_\_

1. JOB TITLE, if applicable \_\_\_\_\_

2. BASIS OF ALLEGED DISCRIMINATION (Choose appropriate item/s)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Race/color             | <input type="checkbox"/> National Origin/Ancestry | <input type="checkbox"/> Retaliation      |
| <input type="checkbox"/> Sex/Gender             | <input type="checkbox"/> Breast-Feeding           | <input type="checkbox"/> Marital Status   |
| <input type="checkbox"/> Religion               | <input type="checkbox"/> Arrest/Court Records     | <input type="checkbox"/> Age              |
| <input type="checkbox"/> Disability             | <input type="checkbox"/> Child Support Assignment | <input type="checkbox"/> Citizenship      |
| <input type="checkbox"/> National Guard Absence | <input type="checkbox"/> Sexual Orientation       | <input type="checkbox"/> Political Belief |

3. Explain briefly what, if anything, you have done about the alleged discrimination.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Does your complaint concern alleged discrimination in services delivery?  Yes  No

5. Does your complaint concern alleged discrimination in employment?  Yes  No

6. Is the alleged discrimination against you?  No  Yes, By whom? \_\_\_\_\_

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7. Please explain how and why you believe you were discriminated against. Please be SPECIFIC. Please include names, dates, witnesses and places of the incident/s.

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(Attach additional sheets if you require more space.)

8. Is the alleged discrimination against others? \_\_\_ No \_\_\_ Yes, please list, name(s), addresses(s) and phone number(s).

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9. What is the specific date or period of time of the alleged discrimination?

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10. Please indicate the relief/remedy you are seeking. \_\_\_\_\_

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11. I will notify DHS, Personnel, CRCS, P.O. Box 339, Honolulu, HI 96809-0339, if I change my address or telephone number. I swear or affirm that I have read the above statements and that they are true to the best of my knowledge and belief.

PLEASE COMPLETE, REVIEW, SIGN, DATE AND RETURN TO ABOVE ADDRESS.

Signature \_\_\_\_\_ Date \_\_\_\_\_

The purpose of this form is to assist you in filing a complaint with the Department of Human Services. You are not required to use this form, a letter with the same information is sufficient.  
HOWEVER, THE INFORMATION REQUESTED ABOVE  
MUST BE PROVIDED, WHETHER OR NOT THE FORM IS USED.

(PLEASE READ THE ATTACHED NOTICE ON DISCRIMINATION COMPLAINTS  
AND NON-RETALIATION REQUIREMENT.)

## NOTICE TO INDIVIDUALS FILING DISCRIMINATION COMPLAINTS

Individuals alleging discriminatory treatment in services and/or employment have a right to file a complaint using the Department of Human Services DISCRIMINATION COMPLAINT FORM, DHS 9004 (rev 06-2007). A letter with the same information requested on the form can be used if necessary. The complaint should be sent to:

STATE OF HAWAII  
Department of Human Services  
Personnel/CRCS  
P.O. Box 339  
Honolulu, Hawaii 96809-0339

Tel: (808) 586-4955 TTY: (808) 586-4959  
gwatts@dhs.hawaii.gov

Individuals also have a right to seek redress for their complaint through the appropriate

- 1) Collective Bargaining Unit,
- 2) State and Federal Compliance Agencies, and/or
- 3) Civil Court action.

**Confidentiality:** All information shall be held with strictest confidentiality, and release of information shall be allowed only when necessary to resolve the issue/s in the complaint. A complainant consent release form (DHS 9007) will be required to complete an investigation.

**Non-retaliation:** Section 704 (a) of the Civil Rights Act of 1964, as amended states:

It shall be an unlawful employment practice for an employer to discriminate against any of his/her employees or applicant/s for employment (or services) because he/she has opposed any practice by this title, or because he/she has made a charge, testified, assisted, or participated in any manner in an investigation, proceeding, or hearing under this title.

Additionally, laws enforced prohibit recipients of Federal financial assistance from intimidating or retaliating against anyone because he or she has either taken action or participated in action to secure rights protected by these laws. Individuals seeking services and/or employment with the Department of Human Services are advised of this non-retaliation requirement and are instructed to notify the Department's Personnel Office/CRCS, P.O. Box 339, Honolulu, Hawaii 96809-0339, if any attempt at retaliation is made as a result of filing a complaint.

**Rights and Responsibilities:** (The following list highlights some rights and responsibilities and is NOT all inclusive.)

1. You have the right to have an attorney represent you, at your own expense, or to have any other personal representative of your choice at any level of a grievance. Such representative shall not be a departmental or State EO representative or Personnel Specialist.
2. You have the right to discontinue your complaint at any time by submitting a written statement of withdrawal.

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3. You have the right to be notified of each of the steps taken in the complaint procedure, to be notified ahead of time of any inquiry or conference, and to be notified in writing of the decision reached at any level.
4. You have the right to reasonable accommodations, including and not limited to language interpreters/translators, auxiliary aids and/or facilities and parking for individuals with disabilities. You are responsible for requesting required accommodations.
5. At any point in time, you have the right to file your complaint with the State or Federal agencies listed in this notice as appropriate. You are responsible to inquire directly with these agencies regarding the steps necessary for redress.

Following is a list of additional entities where you might file a complaint as appropriate:

State of Hawaii  
Hawaii Civil Rights Commission  
830 Punch bowl Street, Room 411  
Honolulu, Hawaii 96813  
Telephone (808) 586-8636

U. S. Department of Labor  
Office of Contract Compliance Programs  
Prince Kuhio Federal Building, Room 7326  
300 Ala Moana Boulevard  
Honolulu, Hawaii 96850  
Telephone (808) 541-2933

U. S. Department of Health and Human Services  
Office of Civil Rights, Region IX  
90 7th Street, Suite 4-100  
San Francisco, California 94103-6705  
Telephone (415) 437-8324

U. S. Department of Agriculture  
Office of Civil Rights Food and Nutrition Service Western Region  
90 7th Street, Suite 10-100  
San Francisco, CA 94103  
Telephone (415) 705 1322 TTY (800) 735-2922

U. S. Department of Justice  
Office of Civil Rights  
810 7<sup>th</sup> Street, NW  
Washington, D. C. 20531 (202) 307-0690

## **NOTICE OF NON-RETALIATION REQUIREMENT**

Section 704 (a) of the Civil Rights Act of 1964, as amended states:

“It shall be unlawful employment practice for an employer to discriminate against any of his/her employees or applicant(s) for employment....because he/she has opposed any practice made an unlawful employment practice by this title, or because he/she has made a charge, testified, assisted, or participated in any manner in an investigation, proceeding, or hearing under this title.”

Persons filing charges of employment discrimination are advised of this non-retaliation requirement and are instructed to notify the Department’s Civil Rights Compliance Staff (808) 586-4955 if any attempt at retaliation is made as a result of their filing this complaint.