

CONSENT / RELEASE FORM

Your Name: _____

Address: _____

Please read the information below, initial the appropriate space, and sign and date this form on the lines at the bottom of the form.

I understand that in the course of a preliminary inquiry or investigation it might become necessary for DHS, CRCS, to reveal my identity to persons at the organization under investigation. I am also aware of the obligations of CRCS to honor requests under the Freedom of Information and Privacy Acts. I understand that it might be necessary for DHS to disclose information, including personally identifying details, which it has gathered as a part of its preliminary inquiry or investigation of my complaint. In addition, I understand that as a complainant I am protected by Federal regulations and DHS Policies from retaliation for having taken action or participated in action to secure rights protected by nondiscrimination statutes.

Initial on line above if
you give consent.

CONSENT GRANTED -- I have read and understand the above information and authorize DHS, CRCS, to reveal my identity to persons at the organization under investigation and to Federal or State agencies that provide financial assistance to the organization or also have civil rights compliance oversight responsibilities that cover that organization. I hereby authorize DHS to receive material and information about me pertinent to the investigation of my complaint. This release includes and is not limited to, applications, case files, personal records, and medical records. This authorization is effective for one year from the date the authorization is signed. I understand that the material and information will be used for authorized civil rights compliance and enforcement activities. I further understand that I am not required to authorize this release, and I do so voluntarily.

Initial on line above if
you deny consent

CONSENT DENIED -- I have read and understand the above information and do not want CRCS to reveal my identity to the organization under investigation, or to review, receive copies of, or discuss material and consent information about me, pertinent to the investigation of my complaint. I understand that this is likely to make the investigation of my complaint and getting all the facts more difficult and, in some cases, impossible, and may result in the investigation being closed.

Signature

Date

Please return completed, signed and dated form to:

State of Hawaii
Department of Human Services
PERS/CRCS
P.O. Box 339
Honolulu, Hawaii 96809-0339

Questions may be sent to: gwatts@dhs.hawaii.gov