



STATE OF HAWAII
HAWAII CIVIL RIGHTS COMMISSION
Princess Ke`elikolani Building, 830 Punchbowl Street, Room 411, Honolulu, Hawaii 96813
**INSTRUCTION SHEET AND CHECKLIST FOR
REAL PROPERTY TRANSACTION PRE-COMPLAINT QUESTIONNAIRE**

***HAWAII CIVIL RIGHTS COMMISSION PRE-COMPLAINT INSTRUCTIONS AND CHECKLIST
REAL PROPERTY TRANSACTIONS***

This information is provided to help you decide whether or not your **real property transaction** problem can be handled by the Hawaii Civil Rights Commission (HCRC). **IT IS NOT MEANT TO DISCOURAGE YOU FROM FILING A COMPLAINT.**

If you have difficulty understanding these instructions or have any questions, call the Hawaii Civil Rights Commission office at 586-8636 (Voice), 586-8692 (TDD) or 586-8655 (FAX). If you are on the Neighbor Islands, call toll free by dialing: Kaua'i: 274-3141 (ext. 6-8636#); Maui: 984-2400 (ext. 6-8636#); Hawaii: 974-4000 (ext. 6-8636#); Lana'i & Moloka'i: 1-800-468-4644 (ext. 6-8636#).

Enclosed is a Pre-Complaint Questionnaire. Please fill it out and return it as soon as possible. You will then be called to set up an appointment for an interview with Commission staff. If you are not called within 30 days after you return it to us, please call us. At this interview be prepared to provide the staff with information and bring any documents you have which will help us to understand your problem. **IF YOU DO NOT SEND IN A COMPLETED PRE-COMPLAINT QUESTIONNAIRE YOU WILL NOT RECEIVE AN APPOINTMENT.** If you have a specific problem, such as a language difficulty, that makes it hard for you to fill out the Pre-Complaint Questionnaire, please call us.

WARNING--YOUR RETURN OF A COMPLETED PRE-COMPLAINT QUESTIONNAIRE DOES NOT CONSTITUTE THE FILING OF A COMPLAINT--YOU MUST STILL FILE AN OFFICIAL COMPLAINT WHICH A COMMISSION STAFF PERSON CAN ASSIST YOU WITH AFTER YOUR INTERVIEW.

SECTION I We can only take complaints of illegal discrimination. This means the unfair treatment about which you are complaining must have happened because of one or more of the reasons listed below:

Your race	Harassment because of your race, sex,
Your sex	religious beliefs, etc.
Your sexual orientation	Because you reported a violation of any
Your religious beliefs	law that CRC enforces (retaliation).
Your color	Because you participated in any way in
Your ancestry/national origin	an investigation, hearing or other
Your familial status	proceeding conducted by the Civil
Your marital status	Rights Commission.
Your HIV Infection	
Your age	
Your disability	

The Commission does not handle any unfair treatment that is not due to one or more of the above reasons.

SECTION II

It is not easy to prove discrimination. In order to file a complaint, you must have information to explain why you believe the unfair treatment was because of one or more of the reasons listed in Section I. When we investigate your case, we need either direct evidence (racial slurs, sexist slurs, harassment) or we need to find evidence that you were treated differently in comparison to individuals not of your race, sex, or whatever reason(s) on which you are basing your complaint.

For example, if you are Black and were evicted for being late in your rental payment, we probably cannot prove discrimination unless we find that non-Blacks were also late in their rental payments but were not evicted. In some kinds of cases, such as religious discrimination or disability status discrimination, the key evidence may take other forms.

Visit our Website at www.hawaii.gov/labor for ALL interactive and downloadable forms.

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SECTION III

The state statute of limitations for filing complaints with the Hawai'i Civil Rights Commission is 180 days after the date upon which the alleged discriminatory practice occurred or the last occurrence in a pattern of ongoing discriminatory practice.

THEREFORE, IF YOU ARE COMPLAINING ABOUT SOMETHING THAT HAPPENED OVER FIVE (5) MONTHS AGO and near this statute of limitations for filing a complaint, call the Hawai'i Civil Rights Commission office at 586-8636 (Voice), 586-8692 (TDD) or 586-8655 (FAX). If you are on the Neighbor Islands, call toll free by dialing: Kaua'i: 274-3141 (ext. 6-8636#); Maui: 984-2400 (ext. 6-8636#); Hawai'i: 974-4000 (ext. 6-8636#); Lana'i & Moloka'i: 1-800-468-4644 (ext. 6-8636#) and ask to speak to an investigator. You may also contact the U.S. Department of Housing and Urban Development (HUD), the agency that enforces the federal discrimination housing laws at 522-8182, ext. 269, 522-8193 (Text), or 522-8194 (Fax). Neighbor Islanders, call toll free: 1-800-374-3247.

REMEMBER: IT IS ILLEGAL FOR AN OWNER OR ANY OTHER PERSON ENGAGING IN A REAL PROPERTY TRANSACTION, OR FOR A REAL ESTATE BROKER OR SALESPERSON TO RETALIATE AGAINST YOU FOR FILING A COMPLAINT OR FOR CONTACTING THIS COMMISSION.

Call the Hawai'i Civil Rights Commission office if you have any questions.

The **Delivery Information** section below lists various delivery options. Please select the most convenient method and submit the completed form accordingly.

Please remember to sign and date the form before submitting it.

Delivery Information

Delivery by U.S. Mail or In-Person

Hawai'i Civil Rights Commission

Princess Ke'elikolani Building, 830 Punchbowl Street, Room 411, Honolulu, Hawai'i 96813

Delivery via Fax

Hawai'i Civil Rights Commission

(808) 586-8655



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Please fill out this questionnaire completely. The information will be used to determine if we have jurisdiction to investigate your discrimination complaint, and to draft the charge of discrimination. You may be contacted for either a telephone or in-office interview. Please print clearly. Submit copies of documents that support your allegation of discrimination.

1. Information about you:

Date: _____

Name (Last, First, Middle Initial(s))		
Address		City
		Zip Code
Home Phone ()	Work Phone ()	
Cellular ()	Pager ()	
Race/Ethnicity	Sex	
Social Security Number	Age & Date of Birth	
Names of other adults discriminated against:		
Names & birth dates of minor children discriminated against:		
Person to contact if we can't reach you:		
Name		
Address		
Telephone ()		

2. Owner, Landlord, Property Manager, Association, Board, Resident Manager, Realtor, Lender, etc. that discriminated against you:

Name		
Address		City
		Zip Code
Island <input type="checkbox"/> O`ahu <input type="checkbox"/> Kaua`i <input type="checkbox"/> Maui <input type="checkbox"/> Hawai`i <input type="checkbox"/> Moloka`i <input type="checkbox"/> Lana`i		
Telephone ()	Type Housing & Number of Units:	

HCRC USE ONLY		
DB#	Assigned to	Date Assigned
Interview Date	Action Taken	Date Action Taken

Previous Editions Obsolete

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(Rev. 10/05)

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3. I was discriminated against because of my: (Check the applicable protected basis)

<input type="checkbox"/> Race	<input type="checkbox"/> Sex (male female)	<input type="checkbox"/> Retaliation (opposed discrimination)
<input type="checkbox"/> Color	<input type="checkbox"/> Sexual Orientation	<input type="checkbox"/> Disability (physical mental) What is the disability?
<input type="checkbox"/> Ancestry/National Origin	<input type="checkbox"/> HIV Infection	_____
<input type="checkbox"/> Age	<input type="checkbox"/> Marital Status (married single)	_____
<input type="checkbox"/> Religion	<input type="checkbox"/> Family Status (children pregnant)	_____

4. I was discriminated against by being: (Check the adverse action that applies to you)

<input type="checkbox"/> Refused Rental	<input type="checkbox"/> Evicted
<input type="checkbox"/> Refused Sale	<input type="checkbox"/> Limited Occupancy
<input type="checkbox"/> Refused Financing	<input type="checkbox"/> Terms and Conditions
<input type="checkbox"/> Refused Accommodation	<input type="checkbox"/> Other (specify): _____ _____

5. Date of the last discriminatory denial: (must be within the past 180 days)

6. Name(s) and title(s) of the person(s) who discriminated against you:

7. What reason was given to you for the adverse action:

8. How did you learn about the Hawai'i Civil Rights Commission:

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Dates of Discrimination	Continuation of the discriminatory adverse actions (Explain why the actions were because of your protected basis)

Witnesses who have evidence of the discriminatory adverse actions		
Name	Telephone (Home and Work)	Address

Closing Statement: I declare under penalty of perjury that the foregoing is true and correct.

Signature