



**State of Hawaii
Department of Corrections and Rehabilitation
Civil Rights Compliance Office**

DISCRIMINATION COMPLAINT FORM

1. COMPLAINANT INFORMATION

Name: _____

Address: _____

Email Address: _____

Home Phone: _____ Business Phone: _____

2. COMPLAINANT STATUS (check applicable box)

Employee Job Title: _____ Branch/Facility: _____

Non-Employee specify whether: Applicant Other _____

3. ALLEGED DISCRIMINATION (check applicable box)

Race Color Sex Religion Age Marital Status Disability

National Origin/Ancestry Arrest/Court Record Sexual Orientation

Citizenship Status National Guard Service Uniformed Service Retaliation

Child Support Breast Feeding Sexual Harassment Credit History/Report

Genetic Information Pregnancy Gender Identity / Expression

Victim of Sexual or Domestic Violence Other _____

4. COMPLAINT

Explain briefly, how and why you believe you were discriminated against. Be specific. Include names, dates, and places. To assist the Civil Rights Compliance Office in determining if unlawful discrimination has been committed, please provide any relevant reports, memos, letters, emails, etc. that may help support your complaint.
