



**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.

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**What corrective action or remedies are you seeking?**

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I will advise the Civil Rights Compliance Office if I change my address or telephone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures. I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

**Date:** \_\_\_\_\_ **Signature of Complainant:** \_\_\_\_\_

(Attach extra pages if needed)

|                   |  |                                  |
|-------------------|--|----------------------------------|
| <b>RETURN TO:</b> | Department of Corrections and Rehabilitation | <b>BY FAX: (808) 587-3483</b>    |
|                   | Civil Rights Compliance Office               |                                  |
|                   | 1177 Alakea Street, Room 501                 | <b>TELEPHONE: (808) 587-1228</b> |
|                   | Honolulu, Hawaii 96813                       |                                  |