	<b>Department of Human Services</b> <b>POLICIES AND PROCEDURES</b> <b>MANUAL</b>		Number 4.10.1	Page 1 of 4
	Subject DEPARTMENTAL DISCRIMINATION COMPLAINTS		OPR FOR SRC Issue/Revision Date JUL 18 2011	

**INTRODUCTION** The Department of Human Services (DHS) will prevent discrimination in employment and in provision of its programs, services and activities. State and Federally-funded programs must be planned and administered such that they do not have the effect of denying or delaying services to any particular person or groups of persons seeking services at the DHS. Further, DHS must prevent discrimination and ensure that all persons are free from discriminatory practices in employment and in the application for and provision of services. Discrimination, harassment, bullying, and retaliation for having filed a complaint are prohibited by the DHS' policy and by Federal and State law and will not be tolerated at the DHS.

#### 1.0 PURPOSE:

The primary purpose of this policy is the prevention of discrimination in employment and services at the DHS. The purpose surrounds establishing a timely, uniform, and effective means of resolving internal discrimination complaints filed by employees, former employees, applicants for employment and service applicants/recipients. This is to enhance the morale and efficiency of employees, and to encourage public confidence in the DHS' commitment towards providing services and benefits exclusive of discriminatory practices.

#### 2.0 REFERENCES, ACRONYMS, DEFINITIONS AND LEGAL AUTHORITY: SEE APPENDIX A

#### 3.0 POLICY:

It is the policy of the Department of Human Services (DHS) to assure a work and service environment free from discriminatory practices for all department employees, applicants for employment, applicants for participation in the DHS programs, and participants in DHS programs. The work and service environments shall be without discrimination, retaliation for having filed a complaint, and/or harassment on the basis of race, color, religion, ancestry (national origin), sex, sexual orientation, age, marital status, assignment of income for child support obligations, disability, genetic information, arrest/court record, breastfeeding, credit history/credit report and National Guard participation.

In keeping with this policy, complaints of discrimination, harassment, and retaliation are to be processed fairly and promptly.

<b>DHS</b>	Subject DEPARTMENTAL	Number	Page
		4.10.1	2 of 4
	DISCRIMINATION COMPLAINTS	Issue/Revision Date <b>JUL 18 2011</b>	
<b>P&amp;PM</b>			

Individuals filing a compliant, or participating in the complaint process have the right to:

- a. Representation by legal counsel, union agent, if appropriate, or designee of their choice.
- b. Confidentiality, provided such confidentiality does not impede the process of fairly and thoroughly investigating the complaint. (An individual will be asked to complete a Consent/Release Form—See APPENDIX B).
- c. Freedom from restraint, interference, coercion, or retaliation in presenting complaints or in providing information in the resolution of problems or complaints.
- d. Forego this internal complaint process and file a complaint directly with an appropriate external enforcement agency.
- e. Alternative means of participation, such as the provision of an interpreter (i.e., sign or other language), written material in large print, and other reasonable modifications, free of charge to the individual.

#### 4.0 SCOPE:

The DHS is committed to employment/training decisions being based so-as to further the principle of equal opportunity and affirmative action, and ensuring that selections for employment/training and promotion decisions are in accordance with the principles of equal opportunity and affirmative action for employees, applicants for employment, applicants for participation, and participants in DHS-sponsored programs.

All services provided to the public by the DHS or DHS-sponsored programs and activities shall be on an equal and non-discriminatory basis. No person shall be excluded from participation in, denied the benefits of, or otherwise subjected to discrimination, harassment bullying or retaliation under any phase or level of program or activity.

This policy applies to all the DHS divisions and their branches, sections and units, as well as agencies and commissions administratively attached to the DHS, individuals, and organizations that receive State and Federal funds through contracts or other arrangements with the DHS. It covers employees, former employees, clients, applicants, and potential applicants for employment and services, service providers, and contractors. This also includes individuals subjected to alleged discrimination because of their association with persons who are protected by non-discrimination law.

All employees and applicants for employment or services shall be entitled to an environment free of discrimination, including harassment and bullying. Harassment based on a person's membership in a protected group is strictly prohibited, and will not be tolerated at the DHS..

DHS  P&PM	Subject DEPARTMENTAL  DISCRIMINATION COMPLAINTS	Number	Page
		4.10.1	3 of 4
		Issue/Revision Date JUL 18 2011	

## 5.0 RESPONSIBILITIES : SEE APPENDIX C

## 6.0 DISCRIMINATION COMPLAINT PROCEDURES (DEPARTMENTAL):

Discrimination complaint procedures are available in DHS Policy and Procedures 4.10.1 APPENDIX D and are applicable to all Department of Human Services offices and programs, administratively attached agencies, commissions and private entities receiving Federal or State funds from the DHS. In order for the DHS to maintain consistency in the administration of discrimination complaints procedures and to comply with various requirements, recipients who operate Federally/State funded programs for the DHS in the State of Hawaii may use these procedures. Recipients who desire to develop internal complaint procedures must ensure they are reviewed by the DHS Civil Rights Compliance Staff prior to use. Complainants should follow the appropriate DHS Departmental Discrimination Complaint Procedure (APPENDIX D) when filing discrimination complaints.

## 7.0 IMPLEMENTATION:

In implementing this Discrimination Complaint policy and procedure, the following shall apply.

Confidentiality Confidentiality will be maintained to the extent possible to successfully conduct a thorough investigation. Information regarding the complaint will be shared with appropriate individuals on a "need to know" basis. Complainants will be asked to sign a consent/release form indicating their consent or denial of consent to release information. (Appendix B)

Retaliation The Department of Human Services prohibits retaliation against any individual who files a discrimination complaint, participates in complaint proceedings or who otherwise opposes acts of discrimination. Employees and applicants have a right to complain about discrimination, harassment, or bullying without fear of retaliation.

Violations of Policy Employees who violate this policy shall be subject to disciplinary action in accordance with the respective collective bargaining agreement and related DHS policies. Contractors will be at risk of non-renewal of contract. Clients will be at risk for seeking services elsewhere. Applicants for employment, programs and services could be asked to withdraw from applying for programs or services as warranted.

Discriminatory practices will not be tolerated at the DHS in any form, and appropriate measures will be taken to prevent discrimination and to address discriminatory acts.

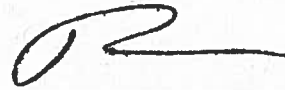
Disciplinary and other action shall be designed to correspond with the seriousness of the action, and be reasonably calculated to stop the discrimination and to ensure that the discrimination will not recur.

<b>DHS</b>  <b>P&amp;PM</b>	Subject DEPARTMENTAL  DISCRIMINATION COMPLAINTS	Number	Page
		4.10.1	4 of 4
		Issue/Revision Date <b>JUL 18 2011</b>	


With approval of this Departmental Discrimination Complaint Policy by the Director, the policy shall be effective and implemented and will remain in effect until such time it is cancelled or superseded by order of the DHS Director. This policy is in addition to DHS Directive 2011-01 and must be displayed prominently on bulletin boards.

This part shall supersede any prior directive concerning discrimination. Authorized modifications of content will not affect the life of these policies and procedures, unless so specified by the Director.

APPROVED: \_\_\_\_\_



Patricia Mc Manaman, Director

	<b>Department of Human Services</b> <b>POLICIES AND PROCEDURES</b> <b>MANUAL</b>		Number 4.10.1	Page 1 of 3
	Subject APPENDIX A REFERENCES, ACRONYMS AND DEFINITIONS AND LEGAL AUTHORITY DEPARTMENTAL DISCRIMINATION COMPLAINTS		OPR PERS/CRCS	
			Issue/Revision Date JUL 18 2011	

## 2.0 REFERENCES, ACRONYMS, DEFINITIONS AND LEGAL AUTHORITY

### 2.1 REFERENCES

Civil Rights Act, Title VI and VII, as amended  
 Age Discrimination in Employment Act (ADEA)  
 Americans with Disabilities Act (ADA), Title I & II, as amended  
 The Pregnancy Discrimination Act  
 The Equal Pay Act (EPA)  
 Rehabilitation Act, Sections 501 and 505  
 The Genetic Information Nondiscrimination Act of 2008 (GINA)  
 HRS Chapter 378 Part 1, and HRS 368-1.5  
 Food Stamp Act (SNAP)  
 Vietnam Era Veterans' Readjustment Assistance Act, Section 402  
 Fair Housing Act, as amended, and others

### 2.2 ACRONYMS

ADA	Americans with Disabilities Act, as amended
ADEA	Age discrimination in Employment Act
CRCS	Civil Rights Compliance Staff
DHS	State of Hawaii, Department of Human Services, including its administratively attached agencies and commissions
DIR	Director of the State of Hawaii, Department of Human Services
EPA	Equal Pay Act
GINA	Genetic Information Nondiscrimination Act
HCRC	Hawai'i Civil Rights Commission
HRS	Hawai'i Revised Statutes
SNAP	Supplemental Nutrition Assistance Program

### 2.3 DEFINITIONS

Applicant for employment Any person who submits a written application for State employment with the Department of Human Services.

Complaint An informal or formal (written) claim of discrimination which indicates that a person or group of persons were treated differently, or adversely impacted by action/s of the DHS, based on one or more memberships in protected groups.

<b>DHS</b>  <b>P&amp;PM</b>	Subject APPENDIX A REFERENCES, ACRONYMS, DEFINITIONS, AND LEGAL AUTHORITY  DEPARTMENTAL DISCRIMINATION COMPLAINTS	Number 4.10.1	Page 2 of 3
		Issue/Revision Date  <b>JUL 18 2011</b>	

**Complainant** Any person who alleges discrimination in the employment process, or in the provision of services and/or benefits.

**Department** State of Hawai'i Department of Human Services and its administratively attached agencies and commissions.

**Discrimination** Any action/s or lack of action/s by the DHS, which results in disparate treatment or has an adverse impact on a person or group of persons, on the basis of one or more memberships in protected groups.

**External Enforcement Agencies** Government agencies which enforce statutes prohibiting discrimination, and which are responsible for receiving, investigating and adjudicating discrimination complaints. Federal agencies include, but are not limited to the U. S. Equal Employment Opportunity Commission, U. S. Department of Justice, U. S. Department of Labor, Office of Federal Contract Compliance Programs, and any other federal agency from which the Department receives funding. The State agency is the Hawai'i Civil Rights Commission (HCRC).

**Factors Protected by Law** Characteristics of a person or group of persons, which are protected under civil rights laws. For employment these factors include, race, color, religion, ancestry (national origin), sex, sexual orientation, age, marital status, veteran status, assignment of income for child support obligations, disability, genetic information, arrest/court record, breastfeeding, credit history/credit report and National Guard participation. Services factors include race, color, national origin, age, sex, religion, disability status, genetic information, and political beliefs for the SNAP Program.

**Harassment** Harassment or bullying based on a person's membership in a protected group--race, color, religion, ancestry (national origin), sex, sexual orientation, age, marital status, assignment of income for child support obligations, disability, genetic information, arrest/court record, breastfeeding, credit history/credit report, and/or National Guard participation (and political beliefs for the SNAP Program).

**Respondent/s** Any person or group of persons alleged to be responsible for discrimination.

**Service Provider** Any person, or group of persons, agency, organization, institution, political subdivision, that delivers a program, service or activity with Federal or State financial assistance through contractual, licensing or other arrangements with the Department of Human Services.

**Service Applicant/Recipient** Any person applying for, having the potential for applying,

<b>DHS</b>  <b>P&amp;PM</b>	Subject APPENDIX A REFERENCES, ACRONYMS, DEFINITIONS, AND LEGAL AUTHORITY  DEPARTMENTAL DISCRIMINATION COMPLAINTS	Number 4.10.1	Page 3 of 3
		Issue/Revision Date  <b>JUL 18 2011</b>	

or receiving program benefits or services provided by the Department of Human Services.


Sexual Harassment Unwelcome sexual advances or requests for sexual favors or other verbal or physical conduct of a sexual nature is unacceptable when:

- submission to such conduct is made either explicitly or implicitly a term or condition of employment or receipt of services;
- submission to or rejection of such conduct by an individual is used as the basis for employment or receipt of services decisions affecting said individual; or
- such conduct has the purpose or effect of creating an intimidating, hostile or offensive environment.

Sub-Recipient Any entity that expends Federal or State assistance received as a pass-through from the DHS to carry out a program in which the sub-recipient provides administer the program directly, but does not include an individual applicant or participant services to and has contact with applicants and participants in the same manner as DHS if DHS were to who is a beneficiary of a program. For example, Medicaid payments to a contractor or provider for providing patient care services to Medicaid eligible individuals are not considered Federal awards expended unless the State requires the funds to be treated as Federal awards expended because reimbursement is on a cost-reimbursement basis (OMSB Circular A-133—Guidance on distinguishing between a sub-recipient and a vendor is provided in .210).

## 2.4 LEGAL AUTHORITY

Civil Rights Act, Title VI and VII, as amended  
Age Discrimination in Employment Act (ADEA)  
Americans with Disabilities Act (ADA), Title I & II, as amended  
The Pregnancy Discrimination Act  
The Equal Pay Act (EPA)  
Rehabilitation Act, Sections 501 and 505  
The Genetic Information Nondiscrimination Act of 2008 (GINA)  
HRS Chapter 378 Part 1, and HRS 368-1.5  
Food Stamp Act ( currently SNAP)  
Vietnam Era Veterans' Readjustment Assistance Act , Section 402  
Fair Housing Act, as amended, and others

	<b>Department of Human Services</b> <b>POLICIES AND PROCEDURES</b> <b>MANUAL</b>		Number 4.10.1	Page 1 of 1
	Subject APPENDIX C RESPONSIBILITIES DEPARTMENTAL DISCRIMINATION COMPLAINTS		OPR PERS/CRCS	
			Issue/Revision Date JUL 18 2011	

## 5.0 RESPONSIBILITIES

### 5.1 DEPARTMENT HEAD (DIRECTOR, DEPARTMENT OF HUMAN SERVICES)

The DIRECTOR of the DHS is responsible for the establishment, modification and implementation of the departmental uniform complaint procedure. The Director may designate these function to others.

### 5.2 DEPARTMENTAL PERSONNEL OFFICER

The Departmental Personnel Officer shall monitor and oversee the application of this policy and procedure and provide staff services to the Department Head.

5.3 CIVIL RIGHTS COMPLIANCE STAFF The Civil Rights Compliance Staff (CRCS) of the Personnel Office, shall be responsible for providing technical guidance to management personnel in the resolution of informal discrimination complaints. The CRCS shall also be responsible for receiving, processing and investigating formal internal discrimination complaints.

### 5.4 MANAGEMENT PERSONNEL

Management Personnel, in consultation with the CRCS, shall be responsible for receiving and resolving informal discrimination complaints by employees, clients, and potential service applicants/recipients.

### 5.5 COMPLAINANTS

Complainants shall follow the provisions of the policy and procedures contained herein and on Forms DHS 6000, 6006, and 6007



<b>DHS</b>  <b>P&amp;PM</b>	Subject APPENDIX B	Number	Page
	CONSENT/RELEASE FORM DHS 6006	4.10.1	1 of 1
	DEPARTMENTAL DISCRIMINATION COMPLAINT	Issue/Revision Date	
		JUL 18 2011	

STATE OF HAWAII

Department of Human Services

### 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 the Department of Human Services (DHS), Civil Rights Compliance Staff (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 the 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 the 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, may result in the investigation being close.


Signature \_\_\_\_\_

Date \_\_\_\_\_

Please return completed, signed and dated form to:

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

Questions may be sent to: [gwatts@dhs.hawaii.gov](mailto:gwatts@dhs.hawaii.gov)

	<b>Department of Human Services</b> <b>POLICIES AND PROCEDURES</b> <b>MANUAL</b>		Number 4.10.1	Page 1 of 3
	Subject APPENDIX D PROCEDURES DEPARTMENTAL DISCRIMINATION COMPLAINTS		OPR PERS/CRCS	
			Issue/Revision Date JUL 18 2011	

## 6.0 PROCEDURES (DEPARTMENTAL DISCRIMINATION COMPLAINTS)

### 6.1 EMPLOYMENT COMPLAINTS

#### a. Informal Complaints

1. Employees who believe they have been discriminated against, may discuss the matter with their immediate supervisor, division administrator or designee (i.e., management personnel). If employees elect to proceed through the informal complaint process, they should do so within thirty (30) days from the most recent incident of alleged discrimination.
2. Complainants shall be informed that they may forego the informal complaint process and file a formal written complaint directly with the CRCS.
3. After discussing the situation with Complainant, management personnel shall consult with the CRCS in order to conduct an appropriate investigation; prepare a written response to Complainant summarizing the investigative findings; and take remedial measures, if necessary to address the situation.
4. If the matter is not resolved to Complainant's satisfaction, Complainant may file a formal complaint with the CRCS, in accordance with the procedures outlined below.

#### b. Formal Complaints

1. Employees or applicants for employment, may file a formal internal complaint in writing with the CRCS. Complaints must be filed within ninety (90) days from the most recent incident of alleged discrimination using the "Departmental Discrimination Complaint Form." (APPENDIX D, Attachment 1 Forms DHS 6000, 6006)
2. Upon receipt of a written complaint, the CRCS shall conduct a fact-finding investigation. The investigation shall include, but is not limited to, contacting the Complainant to clarify or obtain additional facts relative to the complaint, and obtaining information from individuals with apparent knowledge of Complainant's allegations.

<b>DHS</b>  <b>P&amp;PM</b>	Subject APPENDIX D PROCEDURE DEPARTMENTAL DISCRIMINATION COMPLAINTS	Number 4.10.1	Page 2 of 3
		Issue/Revision Date <b>JUL 18 2011</b>	

3. Upon completion of the investigation, the CRCS shall prepare a written summary of the investigative findings for the Department Head's review.
4. The Department Head shall review the evidence and render a decision in writing, with copies to Complainant and Respondent/s. the decision shall include:
  - (a) Reasons and explanation for the decision; and
  - (b) Alternative avenues of recourse available to Complainant.
5. If the investigation confirms that discrimination occurred, the Department will take immediate corrective action.
6. If complaint is not resolved to Complainant's satisfaction, Complainant may appeal to an appropriate external enforcement agency. Complainants shall be advised that they have a timeframe of 180 days to file a complaint with the Hawai'i Civil Rights Commission and 300 days to file same with the Equal Employment Opportunity Commission. Complainants must be advised that they can file concurrent complaints.

## 6.2 SERVICE COMPLAINTS


### a. Informal Complaints

1. Service Applicants/Recipients or potential applicants who believe they have been discriminated against in the application for, or provision of services, may discuss their concerns with the unit supervisor, division administrator, or designee (i.e., management personnel). If Service Applicants/Recipients elect to proceed through the informal complaint process, they should do so within thirty (30) days from the most recent incident of alleged discrimination.
2. After discussing the situation with Complainant, management personnel shall consult with the CRCS in order to conduct an appropriate investigation; prepare a written response to Complainant summarizing the investigative findings; and take remedial measures, if necessary, to address the situation.
3. If the matter is not resolved to Complainant's satisfaction, a formal complaint may be filed with the CRCS, in accordance with the procedures outlined below.

<b>DHS</b>  <b>P&amp;PM</b>	Subject APPENDIX D PROCEDURE DEPARTMENTAL DISCRIMINATION COMPLAINTS	Number 4.10.1	Page 3 of 3
		Issue/Revision Date <b>JUL 18 2011</b>	

**b. Formal Complaints**

1. Service Applicants/Recipients, or potential applicants, may file a formal written complaint with the CRCS, within ninety (90) days from the most recent incident of alleged discrimination, using the "Departmental Discrimination Complaint Form." (APPENDIX D, Attachment 1 Forms DHS 6000, 6006)
2. Upon receipt of a written complaint, the CRCS shall conduct a fact-finding investigation. The investigation shall include, but is not limited to, contacting the Complainant to clarify or obtain additional facts relative to the complaint, and obtaining information from individuals with apparent knowledge of Complainant's allegations. These individuals will be asked to complete a Consent/Release Form. (APPENDIX D, Attachment 1, DHS 6006)
3. Upon completion of the investigation, the CRCS shall prepare a written summary of the investigative findings for the Department Head's review.
4. The Department Head shall review the evidence obtained during the investigation and render a decision in writing, with a copy to Complainant and Respondent/s. The decision shall include:
  - a. Reasons and explanation for the decision; and
  - b. Alternative avenue of recourse available to the Complainant>
5. If the investigation reveals that discrimination occurred, the Department shall take remedial measures to ensure that Complainant is afforded an equal opportunity to participate in, and benefit from its programs, services and activities.
6. If the matter is not resolved to Complainant's satisfaction, an appeal may be made to an appropriate external enforcement agency.

	<b>Department of Human Services</b> <b>POLICIES AND PROCEDURES</b> <b>MANUAL</b>	Number 4.10.1	Page 1 of 5
	Subject APPENDIX D ATTACHMENT 1 FORMS 6000, 6006 & 6007 DEPARTMENTAL DISCRIMINATION COMPLAINTS	OPR PERS/CRCS	
		Issue/Revision Date 04/16/2010	

STATE OF HAWAII

Department of Human Services

### DISCRIMINATION COMPLAINT FORM

NAME _____	XXX-XX- SSN (last four digits) _____	PHONE (Home) _____	PHONE (Work / Cell) _____
ADDRESS _____	CITY _____	STATE _____	ZIP CODE _____
EMPLOYER (Division/Unit) if applicable _____			

1. JOB TITLE \_\_\_\_\_

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

<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
<input type="checkbox"/> Genetic Information	<input type="checkbox"/> Veteran Status	<input type="checkbox"/> Credit History

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? \_\_\_\_\_

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.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Attach additional sheet if you required more space.)

8. Is the alleged discrimination against others? ☐ No ☐ Yes, please list: Name(s), Address(es) and Phone Number(s).

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_


\_\_\_\_\_

11. I will notify Department of Human Services (DHS), Personnel, Civil Rights Compliance Service (CRCS), PO 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 THE ABOVE ADDRESS.

Signature \_\_\_\_\_

Date \_\_\_\_\_

	<b>Department of Human Services</b> <b>POLICIES AND PROCEDURES</b> <b>MANUAL</b>	Number 4.10.1	Page 2 of 5
	Subject APPENDIX D ATTACHMENT 1 FORMS 6000, 6006 & 6007 DEPARTMENTAL DISCRIMINATION COMPLAINTS	OPR PERS/CRCS	
		Issue/Revision Date JUL 18 2011	

STATE OF HAWAII

Department of Human Services

### 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 the Department of Human Services (DHS), Civil Rights Compliance Staff (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 the 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 the 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, may result in the investigation being close.


Signature \_\_\_\_\_

Date \_\_\_\_\_

Please return completed, signed and dated form to:

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

Questions may be sent to: [gwatts@dhs.hawaii.gov](mailto:gwatts@dhs.hawaii.gov)

	<b>Department of Human Services</b> <b>POLICIES AND PROCEDURES</b> <b>MANUAL</b>	Number 4.10.1	Page 3 of 5
	Subject APPENDIX D ATTACHMENT 1 FORMS 6000, 6006 & 6007 DEPARTMENTAL DISCRIMINATION COMPLAINTS	OPR PERS/CRCS	
		Issue/Revision Date JUL 18 2011	

STATE OF HAWAII

Department of Human Services

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 (DHS) DISCRIMINATION COMPLAINT FORM, DHS 6000 (Rev 06-2009). 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](mailto: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 6006) 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. (DHS 6007)
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.

DHS 6000 (rev 03-2011)

	<b>Department of Human Services</b> <b>POLICIES AND PROCEDURES</b> <b>MANUAL</b>		Number 4.10.1	Page 4 of 5
	Subject APPENDIX D ATTACHMENT 1 FORMS 6000, 6006 & 6007 DEPARTMENTAL DISCRIMINATION COMPLAINTS		OPR PERS/CRCS	
			Issue/Revision Date <b>JUL 18 2011</b>	

STATE OF HAWAII

Department of Human Services

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

State of Hawaii  
 Hawaii Civil Rights Commission  
 830 Punchbowl Street, Room 411  
 Honolulu, Hawaii 96813  
 Telephone (808) 586-8636  
 State Toll Free 1 (808) 468-4644, ext. 68636

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 7<sup>th</sup> Street, Suite 4-100  
 San Francisco, California 94103-6705  
 Telephone (415) 437-8324

U.S. Department of Agriculture  
 Office of Civil Rights, Room 326-W, Whitten Building  
 1400 Independence Avenue, SW  
 Washington, DC 20250-9410 (202)720 5964 or  
 Office of Civil Rights Food and Nutrition Service Western Region  
 90 7<sup>th</sup> 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  
 Telephone (202) 307-0690

U.S. Department of Housing and Urban Development  
 Office of Civil Rights  
 451 7<sup>th</sup> Street, SW  
 Washington, D.C. 20410  
 Telephone (202) 708-1112 TTY (202) 708-1455

#### 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

DHS 6000 (rev 03-2011)



	<b>Department of Human Services</b> <b>POLICIES AND PROCEDURES</b> <b>MANUAL</b>	Number 4.10.1	Page 5 of 5
	Subject APPENDIX D ATTACHMENT 1 FORMS 6000, 6006 & 6007 DEPARTMENTAL DISCRIMINATION COMPLAINTS	OPR PERS/CRCS	
		Issue/Revision Date JUL 16 2011	

State of Hawaii  
 Department of Human Services  
**COMPLAINT WITHDRAWAL FORM**

I, \_\_\_\_\_ hereby WITHDRAW my Discrimination Complaint  
Full Name  
 signed by me on (Date) \_\_\_\_\_. I am revoking any consent I might have  
 granted previously for release of information. I am voluntarily revoking this consent and the  
 request for an investigation and do not wish to proceed with this complaint. I have received  
 no promises, rewards or concessions which might have influenced me in withdrawing this  
 complaint.

\_\_\_\_\_  
 Complainant

\_\_\_\_\_  
 Date

**Note:** Please be advised that no one may intimidate, threaten, coerce, or engage in other  
 discriminatory conduct against anyone because he or she has either taken action or  
 participated in an action to secure rights protected by civil rights laws. Any individual  
 alleging such harassment or intimidation may file a complaint with appropriate internal or  
 external agencies who will investigate such a complaint if the situation warrants.

Please help us by checking all statements that apply, sign and date and return to  
 DHS, PERS/CRCS, P.O. Box 339, Honolulu, HI 96809-0339.

I, the undersigned, wish to withdraw my complaint of discrimination that I filed against  
 \_\_\_\_\_ because:

- ☐ 1. I no longer wish to pursue my complaint because the issues I raised are now resolved.
- ☐ 2. I no longer believe that I have a discrimination complaint.
- ☐ 3. I am currently receiving the benefits I am entitled to receive.
- ☐ 4. I understand that the changes in current laws prohibit me from receiving benefits.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

Questions may be submitted to: [gwatts@dhs.hawaii.gov](mailto:gwatts@dhs.hawaii.gov)