	Department of Human Services POLICIES AND PROCEDURES MANUAL	Number 4.10.1	Page 1 of 4
	Subject DISCRIMINATION COMPLAINTS POLICY	OPR PERSONNEL OFFICE	
		Issue/Revision Date OCT 1 2014	

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 discrimination practices.

2.0 REFERENCES AND DEFINITIONS

SEE APPENDIX A.

3.0 POLICY

It is the policy of the 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 age, arrest/court records, breastfeeding, child support assignment, citizenship, credit history, disability (physical or mental), domestic/sexual violence victim status, genetic information, National Guard absence, national origin/ancestry, political belief, race or color, religion, relationship status, sex/gender (expression or identity), sexual orientation, veteran status, retaliation for filing a complaint or participating in complaint process, and harassment based on one or more of the protected factors listed here or might be added to law periodically.

DHS P&PM	Subject DISCRIMINATION COMPLAINTS POLICY	Number 4.10.1	Page 2 of 4
		Issue/Revision Date OCT 1 2014	

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

Individuals filing a complaint, 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. Confidentiality cannot be guaranteed. (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, including but not limited to, the Department of Human Resources Development.
- 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, and individuals or 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.

DHS P&PM	Subject DISCRIMINATION COMPLAINTS POLICY	Number 4.10.1	Page 3 of 4
		Issue/Revision Date OCT 1 2014	

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.

5.0 RESPONSIBILITIES

SEE APPENDIX C.

6.0 DISCRIMINATION COMPLAINT PROCEDURES (DEPARTMENTAL)

Discrimination complaint procedures are available in DHS Policy and Procedure 4.10.1, APPENDIX D, and are applicable to all DHS 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. Confidentiality cannot be guaranteed. (APPENDIX B)

Retaliation. The DHS 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.

DHS P&PM	Subject DISCRIMINATION COMPLAINTS POLICY	Number 4.10.1	Page 4 of 4
		Issue/Revision Date OCT 1 2014	

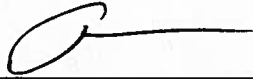
Violations of Policy. Employees who violate this policy shall be subject to disciplinary action in accordance with the respective collective bargaining agreement and related DHS policies. Contractors will be at risk of non-renewal of contract. Clients will be at risk for seeking services elsewhere. Applicants 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.

With the 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 that it is cancelled or superseded by order of the DHS Director. This policy is in addition to DHS Directive 2014-01 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 McManaman, Director

	Department of Human Services POLICIES AND PROCEDURES MANUAL	Number 4.10.1	Page 1 of 4
	Subject APPENDIX A PROCEDURES REFERENCES, ACRONYMS, DEFINITIONS AND LEGAL AUTHORITY DISCRIMINATION COMPLAINTS POLICY AND PROCEDURE	OPR PERSONNEL OFFICE	
		Issue/Revision Date OCT 1 2014	

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 and 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) (Employment)
 Hawaii Revised Statutes, Chapter 378, Part 1 and Chapter 368-1.5 and other appropriate
 Hawaii Revised Statutes as added and amended periodically
 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 Hawaii Civil Rights Commission
 HRS Hawaii Revised Statutes
 SNAP Supplemental Nutrition Assistance Program

DHS P&PM	Subject APPENDIX A PROCEDURES REFERENCES, ACRONYMS DEFINITIONS AND LEGAL AUTHORITY DISCRIMINATION COMPLAINTS POLICY AND PROCEDURES	Number 4.10.1	Page 2 of 4
		Issue/Revision Date OCT 1 2014	

2.3 DEFINITIONS

Applicant for Employment. Any person who submits a written application for State employment with the DHS or its Federally or State funded programs.

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) or inaction(s) of the DHS, based on one or more memberships in protected groups.

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

Department. State of Hawaii, DHS 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 have adverse impact on a person or groups 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 agencies from which the Department receives funding. The State agency is the Hawaii 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 age, arrest/court records, breastfeeding, child support assignment, citizenship, credit history, disability (physical or mental), domestic/sexual violence victim status, genetic information, National Guard absence, national origin/ancestry, political belief, race or color, religion, relationship status, sex/gender (expression or identity), sexual orientation, veteran status, retaliation for filing a complaint or participating in complaint process, and harassment based on one or more of these protected factors. Services factors include age, breastfeeding, color or race, disability (physical or mental), national origin, religion, and political beliefs for the SNAP Program.

Harassment. Harassment or bullying based on a person's membership in a protected group as covered by laws as they are added and amended periodically.

Respondent(s). Any person or group of persons alleged to be responsible for discrimination.

DHS P&PM	Subject APPENDIX A PROCEDURES REFERENCES, ACRONYMS DEFINITIONS AND LEGAL AUTHORITY DISCRIMINATION COMPLAINTS POLICY AND PROCEDURES	Number 4.10.1	Page 3 of 4
		Issue/Revision Date OCT 1 2014	

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

Service Applicant/Recipient. Any person applying for, having the potential for applying, or receiving program benefits or services provided by the DHS.

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 administers the program directly. This does not include an individual applicant for participant services. The sub-recipient has contact with applicants and participants in the same manner as DHS (if DHS were to administer to 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 and 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) (Employment)

DHS P&PM	Subject APPENDIX A PROCEDURES REFERENCES, ACRONYMS DEFINITIONS AND LEGAL AUTHORITY DISCRIMINATION COMPLAINTS POLICY AND PROCEDURES	Number 4.10.1	Page 4 of 4
		Issue/Revision Date OCT 1 2014	

Hawaii Revised Statutes, Chapter 378, Part 1 and Chapter 368-1.5 and other appropriate
Hawaii Revised Statutes as added and amended periodically
Food Stamp Act (SNAP)
Vietnam Era Veterans' Readjustment Assistance Act, Section 402
Fair Housing Act, as amended, and others



**Department of Human Services
POLICIES AND PROCEDURES
MANUAL**

Number
4.10.1

Page
1 of 1

Subject APPENDIX B PROCEDURES
CONSENT/RELEASE FORM DHS 6006
DISCRIMINATION COMPLAINTS POLICY
AND PROCEDURES

OPR
PERSONNEL OFFICE
Issue/Revision Date
OCT 1 2014

STATE OF HAWAII

DEPARTMENT OF HUMAN SERVICES

CONSENT / RELEASE FORM

Name: _____

Address: _____

Please read, initial, sign and date this form.

I understand that in the course of a preliminary inquiry or investigation, it might be necessary for the Department of Human Services (DHS), Civil Rights Compliance Staff (CRCS) to reveal my identity to persons at the organization under investigation, including personal information that is gathered as a part of the preliminary inquiry or investigation of my complaint. 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 non-discrimination statutes. **Confidentiality cannot be guaranteed.**

CONSENT GRANTED	
Initial here if you give consent.	<ul style="list-style-type: none">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, and/or have responsibility for civil rights compliance.I authorize the DHS to receive material and information pertinent to the investigation of my complaint. This release includes, but is not limited to: applications, case files, personal records and medical records; and will be used only for authorized civil rights compliance and enforcement activities.I understand that I am not required to authorize this release, and I do so voluntarily.This authorization is effective for one year from the date of the authorization.

OR

CONSENT DENIED	
Initial here if you deny consent.	<ul style="list-style-type: none">I have read and understand the above information. I do not want the DHS CRCS to reveal my identity to the organization under investigation, or to review, receive, or discuss material and consent information pertinent to the investigation of my complaint.I understand that by declining consent, it may make the investigation of my complaint more difficult and, in some cases, may result in the investigation to be closed.


Signature _____

Date _____

RETURN signed and dated form to:

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

SEND questions to: qwatts@dhs.hawaii.gov

	Department of Human Services POLICIES AND PROCEDURES MANUAL	Number 4.10.1	Page 1 of 1
	Subject APPENDIX C PROCEDURES RESPONSIBILITIES DISCRIMINATION COMPLAINTS POLICY AND PROCEDURES	OPR PERSONNEL OFFICE	
		Issue/Revision Date OCT 1 2014	

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 functions 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

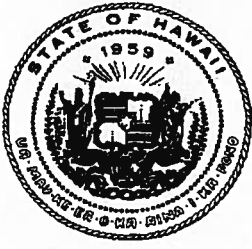
The Civil Rights Compliance Staff (CRCS) of the Personnel Office shall be responsible for providing technical guidance to management personnel in the resolution of discrimination complaints.

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. (APPENDIX E)

	Department of Human Services POLICIES AND PROCEDURES MANUAL	Number 4.10.1	Page 1 of 3
	Subject APPENDIX D PROCEDURES DISCRIMINATION COMPLAINTS POLICY AND PROCEDURES	OPR PERSONNEL OFFICE	
		Issue/Revision Date OCT 1 2014	

6.0 PROCEDURES (DEPARTMENTAL DISCRIMINATION COMPLAINT)

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 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; assist CRCS in preparing 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 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 E, Forms DHS 6000, 6006) (dated 06/2014).
2. Upon receipt of a written complaint, an assigned investigator 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.

DHS P&PM	Subject APPENDIX D PROCEDURES DISCRIMINATION COMPLAINTS POLICY AND PROCEDURES	Number 4.10.1	Page 2 of 3
		Issue/Revision Date OCT 1 2014	

3. Upon completion of the investigation, the assigned investigator shall prepare a written summary of the investigative findings for the Department Head's review.
4. The Division Administrator or Staff Officer shall review the evidence obtained during the investigation and render a decision. The CRCS will review for compliance and prepare a written response to the Complainant to 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, Complaint may file with an appropriate external agency and/or with the Department of Human Resources Development. Complainants shall be advised that they have a timeframe of 180 days to file a complaint with the Hawaii 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; assist CRCS in preparing 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.

DHS P&PM	Subject APPENDIX D PROCEDURES DISCRIMINATION COMPLAINTS POLICY AND PROCEDURES	Number 4.10.1	Page 3 of 3
		Issue/Revision Date OCT 1 2014	

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 "Discrimination Complaint Form." (APPENDICES B and E, Forms DHS 6000, 6006) (dated 06-2014)
2. Upon receipt of a written complaint, an assigned investigator 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 B, DHS 6006) (dated 06-2014)
3. Upon completion of the investigation, the assigned investigator shall prepare a written summary of the investigative findings for the Division Administrator's or Staff Officer's review.
4. The Division Administrator or Staff Officer shall review the evidence obtained during the investigation and render a decision. The CRCS will review for compliance and prepare a written response to the Complainant to 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, a complaint may be made to an appropriate external enforcement agency, such as the Hawaii Civil Rights Commission for employment and housing alleged discrimination complaints, for example.



Department of Human Services
POLICIES AND PROCEDURES
MANUAL

Number 4.10.1
Page 1 of 3

Subject APPENDIX E
FORMS
DISCRIMINATION COMPLAINT FORM
POLICY AND PROCEDURES

OPR
PERSONNEL OFFICE
Issue/Revision Date
OCT 1 2014

STATE OF HAWAII

DEPARTMENT OF HUMAN SERVICES

DISCRIMINATION COMPLAINT FORM

NAME, 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).

- Age, Arrest/Court Records, Breastfeeding, Child Support Assignment, Citizenship, Credit History, Disability (Physical or Mental), Domestic/Sexual Violence Victim Status, Genetic Information, National Guard Absence, National Origin/Ancstry, Political Belief, Race or Color, Religion, Relationship Status, Sex/Gender (Expression or Identity), Sexual Orientation, Veteran Status, Retaliation for Filing a Complaint or Participating in Complaint Process, Harassment (Based On)*

Explain briefly what, if anything, you have done about the alleged discrimination. (Attach additional sheets if you require more space.)

- 3. Does your complaint concern alleged discrimination in services delivery?
4. Does your complaint concern alleged discrimination in employment?
5. Is the alleged discrimination against you?
6. Explain how and why you believe you were discriminated against. Please be SPECIFIC and include any names, dates, witnesses and places of the incident(s).

7. Is the alleged discrimination against others? List Name(s), Address(es) and Phone Numbers.

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

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

10. I will notify the Department of Human Services, Personnel Office, Civil Rights Compliance Staff, P. O. Box 339, Honolulu, Hawaii 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

DHS P&PM	Subject APPENDIX E FORMS DISCRIMINATION COMPLAINTS POLICY AND PROCEDURES	Number 4.10.1	Page 2 of 3
		Issue/Revision Date OCT 1 2014	

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 THE FORM IS USED OR NOT.**

(PLEASE READ THE ATTACHED NOTICE OF 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. 06/2014). 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 Office/Civil Rights Compliance Staff
P. O. Box 339
Honolulu, Hawaii 96809-0339
Tel: (808) 586-4955 TTY: (808) 586-4950

gwatts@dhs.hawaii.gov

Individuals also have a right to seek redress for their complaint through the appropriate:

1. Collective Bargaining Unit
2. State or 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 begin 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/Civil Rights Compliance Staff, 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 or discrimination complaint. Such representative shall not be a departmental, State or Federal equal employment opportunity 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 P&PM	Subject APPENDIX E FORMS DISCRIMINATION COMPLAINTS POLICY AND PROCEDURES	Number 4.10.1	Page 3 of 3
		Issue/Revision Date OCT 1 2014	

STATE OF HAWAII

DEPARTMENT OF HUMAN SERVICES

The 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, HI 96813
Telephone: (808) 586-8636

U. S. Department of Justice
Office of Civil Rights
810 7th Street, NW
Washington, DC 20531
Telephone: (202) 307-0690

U. S. Department of Labor
Office of Contract Compliance Programs
Prince Kuhio Federal Building, Room 7326
300 Ala Moana Boulevard
Honolulu, HI 96850
Telephone: (808) 541-2933

U. S. Department of Housing and Urban Development
Office of Civil Rights
451 7th Street, SW
Washington, DC 20410
Telephone: (202) 708-1112 TTY: (202) 708-1455

U. S. Department of Health and Human Services
Office of Civil Rights, Region IX
90 7th Street, Suite 4-100
San Francisco, CA 94103-6705
Telephone: (415) 437-8324

U. S. Department of Education
Region IX, Office of Civil Rights
915 Second Avenue, #3310
Seattle, WA 98174-1099

U. S. Department of Agriculture
Office of Civil Rights, Room 326-W, Whitten Building
1400 Independence Avenue, SW
Washington DC 20250-9410
Telephone: (202) 720-5964


Office of Civil Rights, Food and Nutrition Service Western
Region
OR 90 7th Street, Suite 10-100
San Francisco, CA 94103
Telephone: (415) 705-1322 TTY: (800) 735-2922

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 at (808) 586-4955 if any attempt at retaliation is made as a result of their filing this complaint.

	Department of Human Services POLICIES AND PROCEDURES MANUAL	Number 4.10.1	Page 1 of 1
	Subject APPENDIX E FORMS DISCRIMINATION COMPLAINTS POLICY AND PROCEDURE	OPR PERSONNEL OFFICE	
		Issue/Revision Date OCT 1 2014	

STATE OF HAWAII

DEPARTMENT OF HUMAN SERVICES

CONSENT / RELEASE FORM

Name: _____

Address: _____

Please read, initial, sign and date this form.

I understand that in the course of a preliminary inquiry or investigation, it might be necessary for the Department of Human Services (DHS), Civil Rights Compliance Staff (CRCS) to reveal my identity to persons at the organization under investigation, including personal information that is gathered as a part of the preliminary inquiry or investigation of my complaint. 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 non-discrimination statutes. **Confidentiality cannot be guaranteed.**

	CONSENT GRANTED
Initial here if you give consent.	<ul style="list-style-type: none"> ▪ 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, and/or have responsibility for civil rights compliance. ▪ I authorize the DHS to receive material and information pertinent to the investigation of my complaint. This release includes, but is not limited to: applications, case files, personal records and medical records; and will be used only for authorized civil rights compliance and enforcement activities. ▪ I understand that I am not required to authorize this release, and I do so voluntarily. ▪ This authorization is effective for one year from the date of the authorization.

OR

	CONSENT DENIED
Initial here if you <u>deny</u> consent.	<ul style="list-style-type: none"> ▪ I have read and understand the above information. I do not want the DHS CRCS to reveal my identity to the organization under investigation, or to review, receive, or discuss material and consent information pertinent to the investigation of my complaint. ▪ I understand that by declining consent, it may make the investigation of my complaint more difficult and, in some cases, may result in the investigation to be closed.


Signature _____

Date _____

RETURN signed and dated form to:

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

SEND questions to: qwatts@dhs.hawaii.gov

	Department of Human Services POLICIES AND PROCEDURES MANUAL	Number 4.10.1	Page 1 of 1
	Subject APPENDIX E FORMS DISCRIMINATION COMPLAINTS POLICY AND PROCEDURES	OPR PERSONNEL OFFICE Issue/Revision Date OCT 1 2014	

State of Hawaii

Department of Human Services

COMPLAINT WITHDRAWAL FORM

I, _____ hereby WITHDRAW the Discrimination
 (Full Name)
 Complaint that I signed on _____ . I have not received promises,
 (Date)
 rewards or concessions that might have influenced me to withdraw my complaint.
 I voluntarily **withdraw** the request for an investigation and any consent that I may
 have granted for release of information.

I, the undersigned, do not wish to proceed with the Discrimination Complaint that I
 filed against _____ because:
 (Full Name)

(Please check all statements that apply and sign and date below.)

- 1. The issues I raised in my complaint 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.

Complainant's Signature

Date

RETURN this form to: Department of Human Services/Personnel Office
 Civil Rights Compliance Staff
 P. O. Box 339
 Honolulu, Hawaii 96809-0339

SEND questions to: gwatts@dhs.hawaii.gov

NOTE: Please be advised that no one may intimidate, threaten, coerce or engage in other discriminatory conduct against another individual who takes action or participates in an action to secure his or her rights protected by civil rights laws. **Anyone who claims retaliation or intimidation for having filed an alleged discrimination complaint or for having served as a witness in an investigation may file a complaint with the appropriate Department of Human Services' office and/or Federal and State Agencies, which will investigate the complaint.**