

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: gwatts@dhs.hawaii.gov