

APPENDIX G

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).

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

**Must Indicate Protected Class Basis*

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? Yes No
4. Does your complaint concern alleged discrimination in employment? Yes No
5. Is the alleged discrimination against you? No Yes, By Whom: _____
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). *(Attach additional sheets if you require more space.)*
7. Is the alleged discrimination against others? No Yes. 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 6000 (Rev. 06/2014)

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.

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.

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