

DISCRIMINATION COMPLAINT FORM

NAME	XXX-XX SSN (Last Four Digits)	PHONE (Home/Cell)	PHONE (Work)
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 | *Must Indicate Protected Class Basis |
| <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) | |

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 Number(s).
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 they are true to the best of my knowledge and belief.

PLEASE COMPLETE, REVIEW, SIGN, DATE AND RETURN TO THE ABOVE ADDRESS.

Signature _____

Date _____

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 is sufficient.
 HOWEVER, THE INFORMATION REQUESTED ON THE FORM MUST BE PROVIDED; WHETHER THE FORM IS USED OR NOT.

(PLEASE READ THE NOTICE OF DISCRIMINATION COMPLAINTS AND NON-RETALIATION REQUIREMENT)

NOTICE TO INDIVIDUALS FILING DISCRIMINATION COMPLAINTS

Individuals alleging discrimination 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
 Phone: (808) 586-4955 Relay: 711
 Email: DHSCivilRightsBox@dhs.hawaii.gov

Individuals also have a right to seek redress for their complaint through the appropriate collective bargaining unit, state or federal compliance agencies, and/or 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 employees or applicants for employment, for an employment agency, or joint labor-management committee controlling apprenticeship or other training or retraining, including on-the-job training programs, to discriminate against any individual, or for a labor organization to discriminate against any member thereof or applicant for membership, because he has opposed any practice made an lawful employment practice by this subchapter, or because he has made a charge, testified, assisted, or participated in any manner in an investigation, proceeding, or hearing this this subchapter.”

Persons filing charges of employment discrimination are advised of this non-retaliation requirement and are instructed to notify the DHS Civil Rights Compliance Staff if any attempt at retaliation is made as a result of their filing this complaint.

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 DHS are advised of this non-retaliation requirement and are instructed to notify the department’s Civil Rights Compliance Staff if any attempt at retaliation is made as a result of filing a discrimination complaint relative to DHS services or programs.

RIGHTS AND RESPONSIBILITIES: The following 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 human resources specialist.

2. You have the right to discontinue your complaint at any time by submitting a Complaint Withdrawal Form (DHS 6007).
3. You have the right to be notified 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 accommodation, including and not limited to, language interpreters/translators, auxiliary aids, and/or facilities and accessible 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 for 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 for Civil Rights
451 7th Street, SW
Washington, DC 20410
Telephone: (202) 708-1112
TTY: (202) 708-11455

U. S. Department of Health and Human Services
Director, Office for Civil Rights (OCR)
Room 509-F, HHH Building
200 Independence Avenue, SW
Washington, DC 20201
Telephone: 1-800-368-1019
TDD: 1-800-537-7697
<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
<https://hhs.gov/ocr/office/file/index.html> (Forms)

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

U. S. Department of Agriculture
Office for Civil Rights
Room 326-W, Whitten Building
1400 Independence Avenue, SW
Washington, DC 20250-9410
Telephone: (866)632-9992 (Toll Free) (Voice)
(800) 877-8339 (Relay)
(800) 845-6136 (Spanish Relay)
Email: programintake@usda.gov

OR

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