

**CONSENT / RELEASE FORM**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

**Please read, initial, sign, and date this form.**

I understand that during a preliminary inquiry or investigation, it might be necessary for the Department of Human Services (DHS), Civil Rights Compliance Staff (CRCS) or the investigator, 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 acted or participated in an action to secure rights protected by non-discrimination statutes. **Confidentiality cannot be guaranteed.**

	<b>CONSENT GRANTED</b>
Initial on the above line if you are <b>giving</b> consent.	<ul style="list-style-type: none"> <li>▪ I have read and understand the above information and authorize the DHS, CRCS or the investigator, 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.</li> <li>▪ I authorize the DHS to receive materials 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 that will be used only for authorized civil rights compliance and enforcement activities.</li> <li>▪ I understand that I am not required to authorize this release. I do so voluntarily.</li> <li>▪ This authorization is effective for one (1) year from the date of the authorization.</li> </ul>

**OR**

	<b>CONSENT DENIED</b>
Initial on the above line if you are <b>denying</b> consent.	<ul style="list-style-type: none"> <li>▪ I have read and understand the above information. I do not want the DHS, CRCS or the investigator, 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.</li> <li>▪ 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.</li> </ul>

\_\_\_\_\_  
Signature\_\_\_\_\_  
Date

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

**SEND** questions to: [DHSCivilRightsBox@dhs.hawaii.gov](mailto:DHSCivilRightsBox@dhs.hawaii.gov)