

DISCRIMINATION COMPLAINT FORM

Name, 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).

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

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 any names, addresses, 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, Human Resources 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, 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. 02/2022). 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
Human Resources 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: Title VII of the Civil Rights Act of 1964, Sec. 2000e-3 [Section 704a], 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 under 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 taken action or participated in an 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 Agriculture
Food and Nutrition Service – Western Region
90 Seventh Street, Suite 10-100
San Francisco, CA 94103
Telephone: 415-705-1310

U. S. Department of Labor
Office of Federal Contract Compliance Programs
Hawaii Area Office
300 Ala Moana Boulevard, Room 7-227
Honolulu, HI 96850
Telephone: 808-541-2933
Fax: 808-541-2904

U. S. Department of Justice
Civil Rights Division
950 Pennsylvania Avenue, NW
Washington, DC 20530
Telephone: 202-514-3847
202-514-0716 (TTY)

U. S. Department of Health and Human Services
Office for Civil Rights
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, DC 20201
Telephone: 800-368-1019 (Toll Free)
Email: ocrmail@hhs.gov

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

U. S. Department of Agriculture
Center for Civil Rights Enforcement
1400 Independence Avenue, SW
Washington, DC 20250-9410
Telephone: 866-632-9992 (Toll Free)
202-260-1026
Federal Relay: 800-877-8339
800-845-6136 (Spanish)
Email: askusda@usda.gov

U. S. Department of Education
Office for Civil Rights
Lyndon Baines Johnson Department of Education Building
400 Maryland Avenue, SW
Washington, DC 20202-1100
Telephone: 800-421-3481
202-453-6100
Federal Relay: 877-8339 (TTY/ASCII)
877-6280 (Voice Carry Over)
877-8982 (Speech-to-Speech)
800-845-6136 (Spanish)
866-377-8632 (Voice)
866-892-8230 (Tele Braille)
Email: ocr@ed.gov