 Hawai‘i Department of Agriculture

1428 S. King Street

Honolulu, Hawaii 96814

Phone: (808) 973-9560 • FAX: (808) 973-9418

Email: hdoa.titleVI@hawaii.gov

# **Non-Employee Discrimination Complaint Form**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Section I:** | | | | | |
| Name of Complainant (First and Last Name): | | | | | |
| Address: | | | | | |
| Telephone (Home): | | Telephone (Work): | | | |
| Electronic Mail Address: | | | | | |
| Accessible Format Requirements? | | Large Print ☐ | | Audio Tape ☐ | |
| TDD ☐ | | Other ☐ | |
| **Section II:** | | | | | |
| Does the complainant have a representative? | | | Yes\* ☐ | | No ☐ |
| *\*If you answered “yes” to this question, provide representative’s contact information.* | | | | | |
| Name of Representative (First and Last Name): | | | | | |
| Address: | | | | | |
| Telephone (Home): | Telephone (Work): | | | | |
| Electronic Mail Address: | | | | | |
| Please confirm that you have provided permission to the representative to represent you in this matter. | | | ☐ Yes | | ☐ No |
| **Section III:** | | | | | |
| I believe the discrimination I experienced was based on (check all that apply):  Race ☐ Color ☐ National Origin ☐ Sex ☐ Age ☐  Disability ☐ Retaliation ☐ Other ☐\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.    Date of Alleged Discrimination (Month, Day, Year): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use and attach a separate sheet. | | | | | |

**Section III (continued):**

|  |
| --- |
| **Section IV:** |
| Describe the harm alleged to have occurred, or which will occur, because of the alleged discrimination. If more space is needed, please use back of this form, or use and attach a separate sheet. |

|  |  |  |
| --- | --- | --- |
| **Section V:** | | |
| Identify the parties alleged to be subjected to, or potentially impacted by the alleged discrimination. | | |
| **Section VI:** | | |
| Have you previously filed a discrimination complaint with this agency? | ☐ Yes | ☐ No |
| If yes, please provide any reference information regarding your previous complaint. | | |

|  |
| --- |
| **Section VII:** |
| Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?  ☐ Yes ☐ No  If yes, name all that apply:  Federal Agency:  Federal Court:  State Court:  State Agency:  Local Agency: |
| If yes, please provide information about the contact person at the agency/court where the complaint was filed. |
| Name: |
| Title: |
| Agency: |
| Address: |
| Telephone Number: |
| **Section VIII:** |
| Name of agency complaint is against: |
| Name of person complaint is against: |
| Title: |
| Location: |
| Telephone Number (if available): |

You may attach any written materials or other information that you think is relevant to your Complaint. Your signature and date are required below.

Signature of Complainant Date