

County of Hawai'i  
Discrimination/Harassment Complaint Form

Name \_\_\_\_\_  
Department Involved \_\_\_\_\_

I am an  employee of the County  individual

Mailing Address \_\_\_\_\_  
\_\_\_\_\_

E-mail Address \_\_\_\_\_

Phone # Day \_\_\_\_\_ Evening \_\_\_\_\_ V/TDD \_\_\_\_\_

I prefer to be contacted by (method, time, day, evening):

\_\_\_\_\_  
\_\_\_\_\_

I am filing this complaint because I believe that I was discriminated and/or harassed against on the basis of the following (check all that apply):

- Sex  Pregnancy  Race
- Ancestry  National Origin  Religion
- Color  Disability  Age
- Assignment of Income for Child Support Purposes  Marital Status  Military Service
- Veteran's Status  Sexual Orientation  Lactation
- Arrest & Court Record<sup>1</sup>  Citizenship  Retaliation
- Other classification protected by state or federal law (please identify): \_\_\_\_\_

<sup>1</sup> Pursuant to law, Hawai'i County may consider an individual's criminal history for employment purposes before making a conditional job offer.

(Please use additional sheets as necessary)

I believe I was discriminated against based on the previously checked item in

- my employment status with the County, or
- the County's programs or services the County provides.

I believe this discrimination violates the County's Anti-Discrimination and Harassment Policy and the following law(s): \_\_\_\_\_

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**Complaint allegations**

Date occurred: \_\_\_\_\_ Time: \_\_\_\_\_

Location: \_\_\_\_\_

Please describe what happened \_\_\_\_\_

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Who was involved? (Names and other identifying information) \_\_\_\_\_

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*(Please use additional sheets as necessary)*

Names and contact information of any witnesses \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please explain why you believe the above-described incident violates the County's Anti-Discrimination and Harassment Policy. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there any other information/evidence you believe would help us in our investigation and review of this matter? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What resolution(s) to your complaint would you like the County to consider?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I have provided the above information in oral and/or written form. To the best of my knowledge, information, and belief, every statement contained herein is true and no statement is misleading.**

\_\_\_\_\_

Print Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

