



State of Hawaii  
Department of Public Safety  
Civil Rights Compliance Office

**DISCRIMINATION COMPLAINT FORM**

**1. COMPLAINANT INFORMATION**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

**2. COMPLAINANT STATUS (check applicable box)**

Employee  Job Title: \_\_\_\_\_ Branch/Facility: \_\_\_\_\_  
Non-Employee  specify whether: Applicant  Inmate  Other  \_\_\_\_\_

**3. ALLEGED DISCRIMINATION (check applicable box)**

Race  Color  Sex  Religion  Age  Marital Status  Disability   
National Origin/Ancstry  Arrest/Court Record  Sexual Orientation  Retaliation   
National Guard Service  Uniformed Service  Credit History/Report  Child Support   
Breast Feeding  Pregnancy  Victim of Domestic/Sexual Violence  Sexual Harassment   
Genetic Information  Gender Identity/Expression  Citizenship Status   
Other (specify)  \_\_\_\_\_

**4. COMPLAINT**

Explain briefly, how and why you believe you were discriminated against. Be specific. Include names, dates, and places. To assist the Civil Rights Compliance Office in determining if unlawful discrimination has been committed, please provide any relevant reports, memos, letters, emails, etc. that may help support your complaint.

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