



STATE OF HAWAII
DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
DISABILITY COMPENSATION DIVISION
ENFORCEMENT BRANCH

Princess Keelikolani Building, 830 Punchbowl Street, Room 209, Honolulu, Hawaii 96813

INSTRUCTION SHEET FOR DC-54 COMPLAINT FORM
Temporary Disability Insurance or Prepaid Healthcare Matters

Instructions

Please completely fill out the DC-54 COMPLAINT FORM if you wish to file a complaint on a Temporary Disability Insurance (TDI) or Prepaid Health Care (PHC) grievance.

Upon receipt of your completed form, an investigator will contact you. If you have any questions, you may ask the investigator at that time. If you would like to speak to an investigator, you may call the Enforcement Branch at **(808) 586-9200**. If an investigator assigned to your case is unavailable, please leave your name and a daytime phone number where the investigator can contact you.

Description of Complaint: Briefly describe your problem. For example: "My employer did not provide healthcare coverage," or, "I filed for TDI benefits, but my employer did not process the claim form." Include as much information as possible to thoroughly explain your case. A representative will contact you if additional information is necessary.

The **Delivery Information** section below lists various delivery options. Please select the most convenient method and submit the completed form accordingly.

If you mail your complaint, please be sure to include copies of any necessary supporting documentation (i.e. records, pay statements, etc.). If we do not receive the required documentation, processing of your complaint may be delayed. The **Disability Compensation Division** office will contact you **before** the employer is contacted to ensure that your complaint is subject to TDI and/or PHC law(s).

Please remember to sign and date the form before submitting it.

Delivery Information

Delivery by U.S. Mail, In-Person, or via Fax

Department of Labor and Industrial Relations, Disability Compensation Division

Oahu	Kauai	Maui
Princess Keelikolani Building 830 Punchbowl Street, Room 209 Honolulu, Hawaii 96813 Mailing Address: P.O. Box 3769 Honolulu, Hawaii 96812-3769 Phone: (808) 586-9200 Fax: (808) 586-9206	3060 Eiwa Street, Room 202 Lihue, Hawaii 96766 Phone: (808) 274-3351 Fax: (808) 274-3355	2264 Aupuni Street #2 Wailuku, Hawaii 96793 Phone: (808) 984-2072 Fax: (808) 984-2071
Hawaii	West Hawaii	
75 Aupuni Street, Room 108 Hilo, Hawaii 96720 Phone: (808) 974-6464 Fax: (808) 974-6460	Ashikawa Building 81-990 Halekii Street, Room 2087 Kealakekua, Hawaii 96750 If Mailing, Please Mail to This Address: P.O. Box 49, Kealakekua, Hawaii 96750 Phone: (808) 322-4808 Fax: (808) 322-4813	

Visit our Website at www.hawaii.gov/labor for ALL interactive and downloadable forms.



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Contact Information

Name	Work Phone ()	Home Phone ()
Caregiver's Name (if applicable)		
Address	City	State Zip Code
Social Security Number	Occupation	

Employer Information

Employer	DBA	DOL# - -	
Address	City	State	Zip Code
Mailing Address	City	State	Zip Code

Disability Information

Temporary Disability Insurance (TDI) Carrier	Complaint Filing Date	Prepaid Health Care (PHC) Provider
Filing Date	Who Filed the Claim	
Date of Disability	Nature of Disability	
Union Name and Local # (if applicable)	Wage Base <input type="checkbox"/> Hourly <input type="checkbox"/> Salary <input type="checkbox"/> Commission <input type="checkbox"/> Other	

Complaint (use additional information sheet if necessary) TDI PHC

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Print Name _____ Signature _____ Date _____

INTERNAL USE ONLY			
Received by	Date	Assigned to	Date
Action Taken			Date

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DC-54 COMPLAINT FORM

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Please enter any additional information (if necessary) to completely document your case.

Auxiliary aids and services are available upon request. Please call: (808) 586-9200; TTY (808) 586-8847; and for neighbor islands, TTY 1-888-569-6859. A request for reasonable accommodation(s) should be made no later than ten working days prior to the needed accommodation(s).

It is the policy of the Department of Labor and Industrial Relations that no person shall, on the basis of race, color, sex, marital status, religion, creed, ethnic origin, national origin, age, disability, ancestry, arrest/court record, sexual orientation, and National Guard participation, be subjected to discrimination, excluded from participation in, or denied the benefits of the Department's services, programs, activities, or employment.

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