

**Hawai`i Civil Rights Commission  
Employment  
Pre-Complaint Questionnaire Information**

Submitting a Pre-Complaint Questionnaire is the first step in filing a discrimination complaint with the Hawai`i Civil Rights Commission (HCRC). After reviewing your Pre-Complaint Questionnaire, we will contact you for an intake interview and, where appropriate, provide assistance in filing a formal complaint.

The information you provide in the Pre-Complaint Questionnaire will be used to investigate your discrimination complaint. All information provided to us during an investigation is confidential and will not be disclosed EXCEPT:

- 1) where a court orders the disclosure;
- 2) where a notice of right to sue is issued and you choose to proceed to court; or
- 3) where there is an express statement or implied threat to commit a crime of violence.

All complaints must be filed with the HCRC within 180 days of:

- 1) the alleged discriminatory practice, or
- 2) the date of the most recent occurrence in a pattern of ongoing discrimination.

The HCRC does not have jurisdiction over complaints filed after the expiration of 180 days.

Under Hawai`i law, you may not file an action in state court alleging discrimination unless a complaint is first filed with the HCRC and we issue a notice of right to sue. You may request a right to sue letter at any time after filing a complaint. A right to sue letter allows you to file a discrimination complaint in state court without further HCRC involvement.

You must contact the HCRC if you move, or change your address or telephone number. If we are unable to contact you, your case may be closed.

Please contact the HCRC if you would like help with the Pre-Complaint Questionnaire or if you require an accommodation. If English is not your first language, the HCRC will provide an interpreter at no cost to you.

If you live on Oahu call the HCRC by dialing:  
586-8636 (Voice) or 586-8692 (TDD)

If you live on a Neighbor Island call the HCRC toll-free by dialing:

Kaua`i - 274-3141, ext 6-8636#  
Maui - 984-2400, ext 6-8636#  
Hawai`i - 974-4000, ext. 6-8636#  
Lana`i & Moloka`i - 1-800-468-4644, ext. 6-8636#

Website: <http://hawaii.gov/labor/hcrc>

## *Grounds of Discrimination in Employment*

Sex

Race

Ancestry/National Origin

Color

Religion

Disability

Age

Marital Status

Sexual Orientation

Income Assignment for Child Support

Breast Feeding

Arrest & Court Record

National Guard Participation

Credit History or Credit Report

### *The Hawai'i Civil Rights Commission Is Here to Help...*

If you believe you have been a victim of discrimination, you have the right to file a complaint with the Hawai'i Civil Rights Commission (HCRC). We are here to help.

- **FILING A COMPLAINT** - You must file your complaint no later than 180 days from the last act of discrimination.
- **INTAKE** – After you file a complaint, you will be interviewed by an intake investigator before 180-day timeline ends.
- **COMPLAINT SERVED** – After the intake interview, we will serve a written complaint on the respondent(s), together with a request for a written reply to the complaint. You will also receive a copy of the complaint.
- **INVESTIGATION** – After we receive a written reply from the respondent(s), the case will be assigned to an investigator. The investigation is a neutral and objective fact finding process.
- **DECISION** – After the investigation, we will decide if there is sufficient evidence of discrimination.
- **NOTIFICATION** – You will receive our decision and information about your options under the law.
- **MEDIATION AND PRE-DETERMINATION SETTLEMENT** – You can ask for mediation or pre-determination settlement at any time. In mediation, an impartial person helps the parties to resolve their differences. In pre-determination settlement, the parties resolve the differences between themselves. In pre-determination settlement, we can transmit settlement offers between the parties.
- **RIGHT TO SUE** – You may ask a right to sue letter, at any time. A right to sue letter allows you to file a discrimination complaint in state court without further HCRC involvement.



**Pre-Complaint Questionnaire—Employment  
Hawaii Civil Rights Commission**

830 Punchbowl Street, Room 411, Honolulu, HI 96813  
Tel: (808) 586-8636 • Fax: 586-8655 • TDD: 586-8692

FOR OFFICE USE ONLY	
INTERVIEWER:	_____
DATE OF INTERVIEW:	_____
ACTION TAKEN:	_____

**Directions:** Please fill out this questionnaire completely. The information will be used to determine if we have jurisdiction to investigate your discrimination complaint, and to draft the charge of discrimination. You may be contacted for either a telephone or in-office interview. Please print clearly. Submit documents that support your allegation(s) of discrimination.

Date: \_\_\_\_\_

**1. Information about you:**

Name: \_\_\_\_\_  
                        Last  First  Middle Initial(s)

Address: \_\_\_\_\_  
                        Number/Street  City  Zip Code

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_

\* Race/Ethnicity: \_\_\_\_\_ \* Sex \_\_\_\_\_

\* Age & Date of Birth: \_\_\_\_\_

Person to contact if we can't reach you:

NAME & RELATIONSHIP	ADDRESS	TELEPHONE NO.
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**2. Company/City & County/State etc. that discriminated against you:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
                        Number/Street  City  Zip Code

Island: \_\_\_ O'ahu \_\_\_ Kaua'i \_\_\_ Maui \_\_\_ Hawai'i \_\_\_ Moloka'i \_\_\_ Lana'i

Telephone: \_\_\_\_\_ No. of Employees (employed in the HI): \_\_\_\_\_

Date Hired: \_\_\_\_\_ Pay/Salary: \_\_\_\_\_

Job Title when discriminated against: \_\_\_\_\_

\*Used for statistical purposes only  
Revised: October 13, 2003  
Previous Editions Obsolete

**3. I was discriminated against because of my:**

(Check the protected basis/circle choice that may follow)

- |  |  |
|--|--|
| <input type="checkbox"/> Race                  | <input type="checkbox"/> Sex (male female pregnant)                            |
| <input type="checkbox"/> Color                 | <input type="checkbox"/> Sexual Orientation (homosexual bisexual heterosexual) |
| <input type="checkbox"/> Ancestry              | <input type="checkbox"/> Marital Status (married single)                       |
| <input type="checkbox"/> National Origin       | <input type="checkbox"/> Retaliation (opposed discrimination)                  |
| <input type="checkbox"/> Age                   | <input type="checkbox"/> National Guard Obligation                             |
| <input type="checkbox"/> Religion              | <input type="checkbox"/> Child Support Garnishment                             |
| <input type="checkbox"/> Arrest & Court Record | <input type="checkbox"/> Disability (physical mental)                          |
| <input type="checkbox"/> Breast Feeding        | What is your disability? _____   |

**4. I was discriminated against by being:**

(Check the adverse action)

- |  |   |
|--|---|
| <input type="checkbox"/> Fired/Discharged      | <input type="checkbox"/> Denied Promotion       |
| <input type="checkbox"/> Not Hired             | <input type="checkbox"/> Denied Transfer        |
| <input type="checkbox"/> Forced to Quit        | <input type="checkbox"/> Refused Pay Raise      |
| <input type="checkbox"/> Laid Off              | <input type="checkbox"/> Unequal Pay            |
| <input type="checkbox"/> Sexually Harassed     | <input type="checkbox"/> Unequal Hours          |
| <input type="checkbox"/> Harassed              | <input type="checkbox"/> Suspended              |
| <input type="checkbox"/> Refused Accommodation | <input type="checkbox"/> Other (specify): _____ |

**5. Date of the last discriminatory action:** \_\_\_\_\_

(Must be within the past 180 days)

**6. Name(s) and job title(s) of the person(s) who discriminated against you:**

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**7. What reason was given to you for the adverse action(s):**

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**8. How did you learn about the Civil Rights Commission:**

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9. Was a complaint concerning this problem filed with the U. S. Equal Employment Opportunity Commission (EEOC)?  YES  NO

If yes, please provide: DATE FILED: \_\_\_\_\_ CASE NO: \_\_\_\_\_

10. Do you have an attorney concerning this problem?  YES  NO

If yes, please provide: NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

11. Have you filed a complaint concerning this problem with any other group or agency?

YES  NO If yes, please provide: NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

**Directions:** Please provide a summary of the discriminatory adverse actions with the names of those who discriminated against you. Start with the earliest date and end with the last date. Use separate sheets of paper, as necessary, to include additional information. On the next page, include the name/telephone/address of witnesses who you feel could provide evidence of the alleged discrimination.

<b>Dates of Discrimination</b>	<b>Describe the Discriminatory Adverse Actions</b> (Explain why the actions were because of your protected basis)



