

## **Hawai'i Civil Rights Commission Access to State and State-Funded Services 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 Access to State and State-Funded Services*

Disability is the only grounds of discrimination covered under access to state funded services.

### *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.
- **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 for 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.



## Hawai'i Civil Rights Commission

### Pre-Complaint Questionnaire - Access to State/Funded Services

830 Punchbowl St., Rm. 411 Honolulu, HI 96813 TEL: 586-8636 FAX: 586-8655 TDD: 586-8692

**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 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: \_\_\_\_\_

Name/Telephone/Address of a person to contact if we can't reach you:

\_\_\_\_\_

#### 2. State agency, program or activity that discriminated against you:

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

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

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

Telephone: \_\_\_\_\_

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

(Check the protected basis)

\_\_\_ Disability (physical mental)

What is the disability: \_\_\_\_\_

\_\_\_ Retaliation (opposed discrimination)



