



STATE OF HAWAII
DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
830 PUNCHBOWL STREET, ROOM 321
HONOLULU, HAWAII 96813

February 24, 2003

(SN 50)

WIA Bulletin No. 5-03

TO: WIA Partners

SUBJECT: Grievance Procedures

PURPOSE

The purpose of this bulletin is to transmit guidelines for the establishment of grievance procedures for Workforce Investment Act (WIA) Programs.

BACKGROUND

Section 667.600 of the WIA Final Rules requires the establishment and maintenance of state and local area grievance procedures for resolving complaints relating to the issues listed below.

1. Discrimination

All WIA applicants, participants, and employees have such rights as are available under all applicable Federal, State, and local laws prohibiting discrimination including:

- The Age Discrimination Act of 1975
- Section 504 of the Rehabilitation Act of 1973
- The Americans with Disabilities Act of 1990
- Title VI of the Civil Rights Act of 1964

2. Violation of WIA Requirements

All WIA applicants, participants, program staff, and other interested parties affected by the Workforce Investment System including one-stop partners and service providers have the right to seek redress for any violation of the statutory or regulatory provisions of WIA.

POLICY

Local grant recipients and their subrecipients must follow the grievance procedures provided in this bulletin.

For complaints alleging discrimination prohibited under Federal or State statutes, the procedures in Attachment 1 of this bulletin should be followed.

For complaints alleging violations of the statutory or regulatory provision of WIA, the procedures in Attachment 2 of this bulletin should be followed. However, individuals alleging a violation of labor standards under WIA Section 667.272 must be allowed to submit the complaint to a binding arbitration procedure if a collective bargaining agreement covering both parties to the grievance so provides.

PROCEDURES

Local WIA grant recipients must:

1. Ensure that information regarding the grievance procedures is provided to all WIA applicants, participants, staff, and other interested parties affected by the local workforce investment system including one-stop partners and service providers;
2. Require that every entity to which it awards WIA funds provide the information regarding grievance procedures to individuals applying for or receiving WIA funded services from that entity; and
3. Make reasonable efforts to ensure that the information regarding grievance procedures will be understood by the affected individuals, including youth and those who have limited English-speaking ability.

INQUIRIES

Questions regarding this bulletin should be directed to Judy Gordon at 586-9064.



NELSON B. BEFITEL

Attachments

STATE OF HAWAII
DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS

EQUAL OPPORTUNITY COMPLAINT PROCEDURES

PURPOSE: Discrimination on the basis of race, color, religion, sex/gender, national origin, age, political affiliation or belief, beneficiaries on the basis of citizenship, or disability are prohibited under federal statutes. In addition, discrimination on the basis of political affiliation or belief, arrest and court record, sexual orientation, ancestry, marital status, or breast-feeding are prohibited under state statute. These procedures provide any person who believes that they have been subjected to unlawful discrimination by the Department of Labor and Industrial Relations (DLIR) or recipients of federal or state funds from DLIR a means to seek redress.

OBJECTIVE: The objective of these procedures is to provide employees, applicants, and applicants for employment a means of redress to further the State of Hawaii and DLIR's efforts to eliminate discrimination and reaffirm its commitment to equal opportunity (EO), provide a system of feedback to correct possible problem areas in both work-related and service situations, and provide a complaint system which is readily accessible and simple to use.

ASSURANCES: Complainants and all participants in the investigation process are assured freedom from restraint, interference, coercion, or reprisal. The identity of complainants and witnesses shall be kept confidential except to the extent necessary to ensure a fair determination of the issues.

DEFINITIONS:

ADR: Alternative Dispute Resolution.

Alien: A foreign born resident who has not been naturalized and is authorized to work in the United States of America.

Applicant: An individual who is interested in being considered for financially assisted aid, benefits, services, or training by a recipient, and who has signified that interest by submitting personal information in response to a request by the recipient.

Applicant for employment: A person or persons who make(s) application for employment with DLIR or a recipient of federal or state funds received through DLIR.

Complainant: An individual who files a written complaint alleging discrimination. Where more than one individual files the complaint, the term shall refer to all of them.

CRC: The U.S. Department of Labor, Civil Rights Center.

Department: The State of Hawaii, Department of Labor and Industrial Relations (herein after referred to as DLIR).

Director: The Director of the Department of Labor and Industrial Relations, State of Hawaii.

Discrimination: Unlawful acts or practices that treat an individual less favorably than other similarly situated individuals because of their race, color, religion, sex, sexual orientation, ancestry, national origin, age, disability, political affiliation, arrest and court records, marital status, or breast-feeding.

Employee: Present or former employee of DLIR or recipient.

Equal Opportunity (EO) Complaint: An oral or written allegation of discrimination in employment practices or services provided including but not limited to recruitment, testing, interviewing, selection, transfer, promotion, demotion, training opportunities, work assignments, career counseling, leave, retention, or termination or discharge.

Equal Opportunity (EO) Officer: The Equal Opportunity Officer of the State of Hawaii Department of Labor and Industrial Relations who also serves as the U.S. Department of Labor, Civil Rights Center, Liaison with the State of Hawaii.

Executive: The person who is in ultimate charge of the recipient agency (e.g.; Mayor, Director, President, etc.)

Intending Citizens: Permanent residents, temporary residents, refugees, and asylees who intend to become citizens.

Participants: Means any individual who has been determined to be eligible to participate in, and who is receiving aid, benefits, services, or training under a program or activity funded in whole or in part under Title I of WIA, the Welfare to Work Program, the Senior Community Services Employment Program or other Federal or State funded programs administered by DLIR.

Recipient: Means any entity to which financial assistance is extended, either directly from DLIR, U.S. Department of Labor or through the Governor or another recipient (including any successor, assignee, or transferee of a recipient) but excluding the ultimate beneficiaries of the WIA Title I-funded program or activity.

SCSEP: Means the Senior Community Services Employment Program. Older Americans Act, as amended, Public Law 102-375.

WtW: Means the Welfare to Work Program, Title IV, Part A of the Social Security Act, as amended, Public Law 105-33.

WIA: Means the Workforce Investment Act of 1998, Public Law 105-220.

GENERAL PROVISIONS:

1. The complainant has the burden of establishing the validity and merits of their complaints.

2. A complainant may discontinue the complaint by submitting a "Withdrawal of EO Complaint and Release" form (See Appendix A).

3. Recipients shall have locally developed procedures approved by the DLIR Equal Opportunity Officer.

COMPLAINT PROCEDURES:

A. Who may File: Any person who believes that either they, or any specific class of individuals, has been or is being subjected to discrimination prohibited by federal or state statute, may file a written complaint, either by themselves or through a representative.

B. Where to File:

1. Employee's, applicant's for participation, participants, or applicant's for employment may file with:

U.S. Department of Labor
Director, Civil Rights Center
200 Constitution Avenue, N.W., Room N-4123
Washington, D.C. 20210

OR

Department of Labor and Industrial Relations
Equal Opportunity Officer
830 Punchbowl Street, Room 321
Honolulu, HI 96813
Phone: (808) 586-8865 (Voice)
(808) 586-8847 (TTY/TTD)
1-888-569-6859 (neighbor island TTD)

OR

Hawaii Civil Rights Commission
830 Punchbowl Street, Room 411
Honolulu, HI 96813
Phone: (808) 586-8636 (Voice/TTD)

OR

U.S. Equal Employment Opportunity Commission
300 Ala Moana Blvd., Room 7123A
Honolulu, HI 96813
Phone: (808) 541-3120

OR

City and County of Honolulu
Department of Human Resources
Equal Opportunity Officer
550 South King Street
Honolulu, HI 96813
Phone: (808) 527-6847

2. Current State employees may also file a complaint or grievance with there respective unions:

Hawaii Government Employees Association (HGEA)
888 Mililani Street
Honolulu, HI 96813
Phone: (808) 536-2351

3. Aliens/Intending citizens may file a complaint with:

U.S. Department of Justice
Office of Special Council
P.O. Box 27728
Washington, D.C. 20038-2217

OR

Department of Labor and Industrial Relations
Equal Opportunity Officer
830 Punchbowl Street, Room 321
Honolulu, HI 96813
Phone: (808) 586-8865 (Voice)
(808) 586-8847 (TTY/TTD)
1-888-569-6859 (neighbor island TTD)

C. Time for Filing: A complaint must be filed within 180 days of the alleged discrimination. For complaints filed under WIA, The Director, Civil Rights Center, for good cause shown, may extend this filing time.

D. Contents of Complaints: Each complaint shall be filed in writing and shall:

1. Be signed by the complainant or their authorized representative;
2. Contain the complainant's name and address (or specify another means of contacting them);

3. Identify the alleged discriminating official (ADO); and
4. Describe the complainant's allegations in sufficient detail to allow for determination whether:
 - (a) The appropriate agency has jurisdiction over the complaint;
 - (b) The complaint was timely filed; and
 - (c) The complaint has apparent merit, i.e., whether the allegations, if true, violate any of the nondiscrimination and equal opportunity provisions of current statutes.

E. Right to Representation: Complainant's have the right to be represented by an attorney or other individuals of their own choice.

F. Complaint processing (DLIR/RECIPIENT ONLY):

1. The EO Officer shall hold a meeting with the complainant within seven working days of receipt of the complaint to hear the complaint and attempt to resolve the problem. The complainant shall be provided procedures for alternative dispute resolution (ADR) and offered the option of proceeding with ADR or customary process.

2. The complainant shall be advised of the options available for redress and given a Notice to Individuals Filing Discrimination Complaints (see Appendix B).

3. The EO officer will assist the complainant in completing the DLIR Form EO-1 (see Appendix C), if requested. Receipt of the complaint will be acknowledged in writing within five working days and shall contain a detailed description of the issues, whether the issues have been accepted, and the reason for any rejection of any issues by the Director/Executive.

4. The EO officer shall investigate the complaint, collecting all pertinent data, interviewing parties involved, and documenting the investigation.

5. Where the case appears to place the burden of proof on the Department/recipient, the EO Officer will attempt an informal resolution of the situation with management, as appropriate.

6. The EO Officer shall prepare a report to the Director/Executive describing the case, results of the investigation, and conclusion; and recommend a course of action or response to the complaint.

7. The Director/Executive shall inform the complainant of the decision in writing within ninety (90) days after receipt of the formal complaint, such time limit may be extended for good cause as determined by the Director, Civil Rights Center. The Director/Executive's decision shall include, as applicable, the action

or remedy to be taken in response to a valid complaint, the reasons for the dismissal of the complaint, or other options for redress which can be pursued by the complainant. If the complainant is dissatisfied with the final decision they may still file with the Civil Rights Center (for WIA matters), Hawaii Civil Rights Commission, the U.S. Department of Justice (for Aliens/Intended Citizens), or the U.S. Equal Employment Opportunity Commission within the time frames set by those agencies or they may file a civil suit in state or federal court.

8. Complainants who file with DLIR/recipient, must wait until a decision is issued or until 60 days have passed, whichever is sooner, before filing with the Director CRC. If the complainant has not been provided with a written decision within 60 days of the filing of the complaint, the complainant need not wait for a decision to be issued, but may file a complaint with the Director CRC within 30 days of the expiration of the 60-day period.

9. Where the complaint does not appear valid (no prima facie case), the complainant will be advised of the reasons and that the complaint will not be pursued through the complaint process and to pursue other avenues of redress if not satisfied.

G. ADR processing

1. Any complainant who wishes to file a complaint will be given the option of using ADR as a means of resolving their complaint.

2. Complainants will be directed to the DLIR Equal Opportunity Officer who will evaluate the case and determine whether assignment of the case to the Mediation Centers of Hawaii is appropriate. The Mediation Centers of Hawaii will schedule a meeting between all parties and the mediator within ten (10) working days after receipt of the case.

3. Upon completion of mediation, the Mediation Centers of Hawaii will provide a disposition of the case within forty-eight hours from the time mediation ends.

4. All records and discussions that arise or occur during mediation shall be kept confidential and not be disclosed to anyone.

5. Parties to any agreement reached under ADR may file a complaint with the Director CRC within 30 days of the date on which the non-breaching party learns of any alleged breach in the agreement.

| | |
|--|------------------|
| <p>State of Hawaii Department of Labor and Industrial Relations</p> <p>WITHDRAWAL/RELEASE OF EQUAL OPPORTUNITY COMPLAINT</p> | |
| Name <i>(Please print)</i> | Complaint number |
| Nature of complaint | Date filed |
| <p>STATEMENT</p> <p>I hereby withdraw my complaint of discrimination. I further release and forever discharge the State of Hawaii, Department of Labor and Industrial Relations/recipient, and all their past and present officers, employees, and agents from any and all claims, demands, actions, causes of actions, or suits at law or in equity, know or unknown, concerning the act or actions giving rise to or otherwise related to the complaint indicated above.</p> <p>I have read and fully understand the foregoing, and make this withdrawal and release voluntarily and of my own free will, without coercion or duress from anyone.</p> | |
| Signature of complainant | Date |

State of Hawaii
Department of Labor and Industrial Relations

**NOTICE TO PERSONS WHO BELIEVE THEY HAVE
BEEN DISCRIMINATED AGAINST**

- Any person who believes that they or any specific class of individual has been or is being subjected to discrimination prohibited by Title VII of the Civil Rights Act of 1964, as amended; the Americans with Disabilities Act of 1990, as amended; the Rehabilitation Act of 1973, as amended; the Age Discrimination in Employment Act of 1967, as amended the Immigration Control and Reform Act, as amended; 29 CFR Part 37; Chapter 378, Hawaii Revised Statutes; the Older American Act, as amended; the Social Security Act, as amended; and/or the Equal Pay Act of 1963, as amended, may file a written complaint by themselves or by a representative.
- An EO complaint Form, DLIR EO Form #1 (see Appendix C), is to be submitted to register your complaint. If you choose to present your complaint orally, you will be asked to sign a DLIR EO Form #1 and it will be completed for you based on information you provide.
- Each complaint filed shall be signed by the complainant or their authorized representative; contain the complainant's name and address (or specify another means of contacting them); identify the alleged discrimination official (ADO); and describe the complaint's allegations in sufficient detail to allow for the determination whether, the appropriate agency has jurisdiction over the complaint, the complaint was timely filed, and the complaint has apparent merit.
- Each complainant has the right to be represented by an attorney or other individual of their own choice.
- You may request notification in writing of each of the steps taken in the processing of your complaint and of any decision reached at any of these steps. You will be notified ahead of time of any inquiry or conference to be held regarding your complaint.
- You and all participants in the investigation process are assured freedom from restraint, interference, coercion, or reprisal. The identity of complainants and witnesses shall be kept confidential except to the extent necessary to ensure a fair determination of the issues.
- You may withdraw your complaint under departmental procedures at any time by submitting a Withdrawal of EO Complaint and Release Form, DLIR EO Form #2, (see Appendix A).

- Pursuant to current regulations, a complaint must be filed within 180 days of the alleged discrimination. For complaints filed under WIA, the Director, Civil Rights Center, U.S. Department of Labor, for good cause shown, may extend this filing time. It is the complainants responsibility to ensure time frames are met consistent with agency chosen for filing complaint.
- You have the right, within time frames specified, to file your complaint with any of the following agencies. You are responsible for inquiring directly with these agencies on the steps necessary for redress.

U.S. Department of Labor
Director, Civil Rights Center
200 Constitution Avenue, N.W., Room N-4123
Washington, D.C. 20210

OR

Department of Labor and Industrial Relations
Equal Opportunity Officer
830 Punchbowl Street, Room 321
Honolulu, HI 96813
Phone: (808) 586-8865 (Voice)
(808) 586-8847 (TTY/TTD)
1-888-569-6859 (neighbor island TTD)

OR

Hawaii Civil Rights Commission
830 Punchbowl Street, Room 411
Honolulu, HI 96813
Phone: (808) 586-8636 (Voice/TTD)

OR

U.S. Equal Employment Opportunity Commission
300 Ala Moana Blvd., Room 7-127
Honolulu, HI 96813
Phone: (808) 541-3120

OR

City and County of Honolulu
Department of Human Resources
Equal Opportunity Officer
550 South King Street
Honolulu, HI 96813
Phone: (808) 527-6847

2. Current State employees may also file a complaint or grievance with:

Hawaii Government Employees Association (HGEA)
888 Mililani Street
Honolulu, HI 96813
Phone: (808) 536-2351

3. Aliens/Intending citizens may file a complaint with:

U.S. Department of Justice
Office of Special Counsel
P.O. Box 27728
Washington, D.C. 20038-2217

OR

Department of Labor and Industrial Relations
Equal Opportunity Officer
830 Punchbowl Street, Room 321
Honolulu, HI 96813
Phone: (808) 586-8865 (Voice)
(808) 586-8847 (TTY/TTD)
1-888-569-6859 (neighbor island TTD)

STATE OF HAWAII
Department of Labor and Industrial Relations

EQUAL OPPORTUNITY COMPLAINT FORM
(Please Print)

Case Number _____ SSN _____ Date/Timed Received _____

Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone: Home _____ Business _____

Basis for alleged discrimination (Please Mark One)

- 1 Federal Statutes (Title VI, VII, and IX, Civil Rights Act of 1964, as amended; Americans with Disabilities Act of 1990, as amended; Equal Pay Act of 1963, as amended; Section 504 of the Rehabilitation Act of 1973, as amended; 38 U.S.C. 4212 of the Vietnam Era Veterans Readjustment Assistance Act of 1974, as amended; Immigration Reform Act; Older American Act, as amended; Social Security Act, as amended; or 29 CFR Part 37)
2 State Statutes (Chapter 378, HRS)
3 Both Federal and State Statutes

- Sex3/Gender1 National Guard Duty2 Marital Status2
Age3 National Origin3 Breastfeeding2
Race3 Political Affiliation2 Disability3
Color3 Arrest/Court Record2 Citizenship1
Religion3 WIA Title I Participation1 Other (Specify)
Ancestry2 Sexual Orientation2

Nature of the alleged discrimination (Examples: recruitment, interviewing, testing, selection, promotion, demotion, worksite placement, performance evaluation, training, transfer, discharge, work assignment, leave of absence, pregnancy, benefit approval, participant selection, job referral). Please specify:

Explain/describe briefly how and/or why you believe you were discriminated against. Be specific: include the name(s) of individual(s) involved, the remedy/relief you are seeking (what you want to have done) if your complaint is found to be valid. Please use reverse if you require more space.

CERTIFICATION: By my signature below, I certify that the statement of my complaint above and on any page(s) attached is true to the best of my knowledge and belief. I also agree to notify the Equal Opportunity Officer if I change my address or telephone number(s). I further understand that I may withdraw my complaint at any time by submitting a Withdrawal and Release form DLIR EO Form #2

**STATE OF HAWAII
DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS**

**COMPLAINT PROCEDURES
(For Complaints Other Than Discrimination Complaints)**

PURPOSE:

Recipients receiving funds from the U.S. Department of Labor (USDOL) for employment and training programs must establish and maintain grievance procedures for resolving complaints alleging violations of statutory and regulatory provisions. The procedures described herein are for complaints other than discrimination complaints which are described in Attachment 1.

OBJECTIVE:

The objective of these procedures is to provide Complainants, who are covered under applicable statutory and regulatory provisions, a means to seek redress.

ASSURANCES:

Complaints and other parties in the investigative process are assured freedom from restraint, interference, coercion, or reprisal. The identity of Complainants and witnesses shall be kept confidential except to the extent necessary to ensure a fair determination of the issues.

DEFINITIONS:

Currently employed workers: An individual employed by an employer at the time that the employer agrees to hire a program participant for a subsidized or unsubsidized position.

Displacement: A situation in which the placement of a program participant in a subsidized or an unsubsidized job results in the job loss of a currently employed worker, or a reduction in non-overtime work hours, wages, or employment benefits of currently employed workers of the same employer.

Local Area Program Agency: The agency responsible for operating the covered employment and/or training program at the county level, including enrollment, case-management, and placement of program participants.

Participants: Means any individual who has been determined to be eligible to participate in, and who is receiving aid, benefits, services, or training under a program or activity funded in whole or in part under Title I of WIA, the Welfare-to-Work Program, the Senior Community Services Employment Program or other Federal or State funded programs administered by the State Department of Labor and Industrial Relations (DLIR).

Recipient: Means any entity to which financial assistance is extended, either directly from DLIR, U.S. Department of Labor or through the Governor or another recipient (including any successor, assignee, or transferee of a recipient) but excluding the ultimate beneficiaries of the program or activity.

SCSEP: Means the Senior Community Services Employment Program. Older Americans Act, as amended, Public Law 102-375.

WtW: Means the Welfare-to-Work Program, Title IV, Part A of the Social Security Act, as amended, Public Law 105-33.

WIA: Means the Workforce Investment Act of 1998, Public Law 105-220.

GENERAL PROVISIONS:

1. The Complainant has the burden of establishing the validity and merit of his/her complaint.
2. A Complainant may discontinue the complaint by submitting a "Withdrawal of Complaint and Release" form (see Appendix A).

COMPLAINT PROCEDURES:

A. Who May File

1. Program applicants, participants, staff and other interested parties, including one-stop partners and WIA service providers, may file complaints alleging violations of the statutory or regulatory provisions of a covered employment and/or training program.
2. Currently employed workers may file complaints regarding displacement by program participants.

B. Where to File

Complainants should file complaints with the local area program agency operating the applicable program. Any complaints filed directly with DLIR shall be remanded to the local area program agency for processing.

C. Time for Filing

A complaint must be filed within 180 days of the alleged violations.

D. Contents of Complaints

All complaints must be filed in writing and include the following:

1. The Complainant's name, address, and phone number or other means of contact;
2. Identification of the alleged violation;
3. Description of the alleged violation in sufficient detail to allow for a determination of whether:
 - (a) The local area program agency has jurisdiction over the complaint;
 - (b) The complaint was filed within 180 days of the violation;
 - (c) The complaint has apparent merit, i.e., the allegations, if true, violate statutory or regulatory provisions; and
4. Signature of the Complainant or his/her authorized representative.

The form provided in Attachment B may be used to submit the above information.

E. Right to Representation

Complainants have the right to be represented by attorneys or other individuals of their choice.

F. Complaint Processing

The steps and time frames for processing a complaint are provided below. Table 1 on page 7 provides a summary of the process.

1. The responsible local area program agency shall hold a meeting with the Complainant within eight calendar days of the receipt of the written complaint to hear the issues.

Where the complaint does not appear valid, the Complainant should be advised of the reasons and that the complaint will not be pursued through the complaint process.

If the complaint appears to be valid, the local area program agency shall attempt to rectify the situation through informal resolution.

2. If an informal resolution cannot be reached within 15 calendar days for the receipt date of the complaint, the Complainant may request a formal hearing. The request

for a formal hearing must be received for the Complainant within seven calendar days after the time limit for informal resolution (i.e., within 22 days from the receipt date of the complaint).

3. The responsible local area program agency shall conduct a formal hearing within 34 calendar days from the receipt date of the complaint.

The Complainant shall be provided with a written notice of the hearing that includes:

- The date and time of the hearing;
- The location of the hearing;
- The purpose of the hearing and a statement of the issues; and
- Procedural rights, such as the right to representation, to present testimony, to bring witnesses and records, and to present oral arguments.

The hearing shall be conducted in a manner that is fair and impartial, and allow all parties a full opportunity to present issues, evidence and pertinent fact. A taped or transcribed record shall be made of the hearings.

4. The responsible local area program agency shall provide the Complainant with a written decision within ten calendar days after the date of the hearing or within 44 calendar days of the receipt of the complaint. The decision should be sent to the Complainant by certified mail, return receipt requested.
5. The Complainant may appeal the decision within 30 days of the receipt of the decision. The appeal should be submitted in writing to the following address:

Administrator
Workforce Development Division
State Department of Labor and Industrial Relations
830 Punchbowl Street, Room 329
Honolulu, Hawaii 96813

6. Appeal hearings will be conducted by the State Department of Labor and Industrial Relations (DLIR) Employment Security Appeals Referee.
7. The Appeals Referee will conduct an appeal hearing within 104 days from the receipt date of the complaint.
8. The Appeals Referee shall provide a written final determination of the Complainants appeal within 120 days of the receipt date of the complaint.

**Table 1
COMPLAINT PROCESSING TIMELINE**

| Processing Days | Cumulative Days | Event |
|------------------------|------------------------|-------------------------------------|
| | 1 | Complaint Received |
| 7 | 8 | Informal Hearing |
| 7 | 15 | Deadline for Information Resolution |
| 7 | 22 | Request for Formal Hearing |
| 12 | 34 | Formal Hearing |
| 10 | 44 | Written Decision |
| 30* | 74 | Appeal |
| 30 | 104 | Appeal Hearing |
| 16 | 120* | Final Determination |

* Set by law

| WITHDRAWAL/RELEASE OF COMPLAINT | |
|---|------------------|
| Name <i>(Please print)</i> | Complaint number |
| Nature of complaint | Date filed |
| <p>STATEMENT</p> <p>I hereby withdraw my complaint. I further release and forever discharge the State of Hawaii, Department of Labor and Industrial Relations/recipient, and all their past and present officers, employees, and agents from any and all claims, demands, actions, causes of actions, or suits at law or in equity, known or unknown, concerning the act or actions giving rise to or otherwise related to the complaint indicated above.</p> <p>I have read and fully understand the foregoing, and make this withdrawal and release voluntarily and of my own free will, without coercion or duress from anyone.</p> | |
| Signature of complainant | Date |

COMPLAINT FORM
(Please Print)

Case Number _____ SSN _____ Date/Timed Received _____

Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone _____ Home _____ Business _____

Basis for alleged complaint *(Please Mark One)*

- Displacement
- Labor Standards
- Health/Safety Standards
- Other (Specify) _____

Explain/describe briefly in what way there was a violation of statutory provisions. Be specific: include the name(s) of individual(s) involved, the remedy/relief you are seeking (what you want to have done) if your complaint is found to be valid. Please use reverse side if you require more space.

CERTIFICATION: By my signature below, I certify that the statement of my complaint above and on any page(s) attached is true to the best of my knowledge and belief. I also agree to notify the local area program agency if I change my address or telephone number(s). I further understand that I may withdraw my complaint at any time by submitting a Withdrawal and Release form.

Date

Signature