Print Form

STATE OF HAWAII
DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
WAGE STANDARDS DIVISION
Princess Keelikolani Building, 830 Punchbowl Street, Room 340, Honolulu, Hawaii 96813

INSTRUCTION SHEET FOR WSD-1.378II COMPLAINT FORM

Chapter 378, Employment Practices, Part II, Unlawful Lie Detector Test

Instructions

You must file a complaint within 30 days of either: (1) the date of the alleged violation, or (2) the date you learned of the alleged violation.

Please completely fill out the WSD-1.378 II Complaint Form.
Please type or print legibly. Read all instructions before completing the forms. If you have any questions, call the nearest office at the number listed below.

WSD-1.378II Complaint Form

Page 1 of 2:

Items 1 through 9: Provide information pertaining to you.
Items 10 through 14: Provide information about the employer you are filing a complaint against.
Items 15 through 17: Provide information about the alleged violation and continue on page 2.

Page 2 of 2:

Item 18: Statement of facts:
(a) Briefly state the alleged violation.
(b) Describe how the employer committed the alleged violation by providing a brief summary of the pertinent instances or examples which support your allegation.

Verification and Signature:

- Your complaint must be verified by an authorized Department of Labor and Industrial Relations representative. You will be required to produce identification. If you mail your complaint, it must be signed before a notary public.
- Check box if complainant is under 18 years old. If legal action becomes necessary, a parent or legal guardian must sign an assignment form.

IMPORTANT: Report any change of address or telephone number. If we are unable to contact you, your case will be closed.

The Delivery Information section below lists various delivery options. Please select the most convenient method and submit the completed form accordingly. You may include copies of any documents, records, pay statements, etc. to support your complaint. Please remember to sign and date the form before submitting it.

Delivery Information

Delivery by U.S. Mail or In Person. Complaints may not be filed by fax.
Department of Labor and Industrial Relations, Wage Standards Division

Oahu	830 Punchbowl Street, Rm. 340; Honolulu, HI 96813	Phone: (808) 586-8777
Hilo	State Building, 75 Aupuni Street, Rm. 108; Hilo, HI 96720	Phone: (808) 974-6464
Kauai	3060 Eiwa Street, Rm. 202; Lihue, HI 96766	Phone: (808) 274-3351
Maui	2264 Aupuni Street; Wailuku, HI 96793	Phone: (808) 984-2075
West Hawaii (Kona)	Post Office Building; P.O. Box 49; Kealakekua, HI 96750	Phone: (808) 322-4808

STATE OF HAWAII
DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
WAGE STANDARDS DIVISION

WSD-1.378II COMPLAINT FORM

Chapter 378, Employment Practices, Part II
Unlawful Lie Detector Test

Please print or type and follow the "Instruction Sheet for WSD-1.378 III Complaint Form"

Complainant Information: Please print or type

1. Name (Last, First, Middle Initial) ☐ Mr. ☐ Mrs. ☐ Ms.			2. Last four digits of Social Security No. XXX-XX-
3. Address	City	State	Zip Code
4. Phone ( )	Cell Phone ( )	Email Address	
5. Type and Title of Work Performed			
6. Employment Status ☐ Current Employee of Employer Named Below ☐ Quit ☐ Discharged			
7. If No Longer Employed, Reason			
8. Date(s)/Period of Employment	From:	To:	
9. Union Membership ☐ Yes ☐ No If Yes, Name of Union:			

Employer Information :

10. Business Name			
11. Address	City	State	Zip Code
12. Phone ( )	Fax ( )	Cell ( )	
13. Name and Title of Owner or Person in Charge			
14. Nature of Business			

Complaint Information:

15. Date of alleged violation:	
16. a. Did you agree to take a lie detector test? ☐ Yes ☐ No	If yes, who asked you to take a lie detector test?
b. If you voluntarily took the test, were you informed orally and in writing that the test was voluntary and would not affect your employment? ☐ Yes ☐ No	
c. If no, please explain:	
17. Test administered by: ☐ Private ☐ Government enforcement agency	

Continued on page 2

FOR OFFICE USE ONLY			Law				
Date Received			ICB				
			CS				
Taken by		DOL #:	IS1		IS2		
	H K M WH		HB			No.	

18. Statement of Facts (Briefly explain pertinent facts of the alleged violation):

I swear or affirm that I have read this complaint, and that the information and statements are true to the best of my knowledge and belief. I authorize the Director of Labor and Industrial Relations or a departmental representative to collect and receive, on my behalf, payments made on my complaint.

Note: Do not date or sign unless in the presence of an authorized DLIR representative or a notary public.

Date: _____ Signature of Complainant: _____

☐ *Check if under 18 years old*

FOR OFFICE USE ONLY

VERIFIED BY: _____ _____
Authorized DLIR Representative Date

FOR NOTARY PUBLIC:

STATE OF HAWAII)
) SS.
_____ COUNTY OF _____)

On this _____ day of _____, 20__, before me personally appeared _____ and _____, to me known to be the person(s) described herein, and who, being duly sworn, did say that he/she/they is/are the said _____ named in the foregoing instrument, and that he/she/they executed said instrument as his/her/their own free act and deed.

_____
(Signature)
Notary Public, State of Hawaii
My commission expires: _____

Document Date: _____ # of Pages: _____

Printed Notary Name: _____ _____ Circuit

Document Description: _____

_____

_____ _____
Notary Signature Date

NOTARY CERTIFICATION

(Stamp or Seal)