Hawai`i Civil Rights Commission
Public Accommodations
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 Public Accommodations

Race
Ancestry
Religion
Disability
Color
Sex
Sexual Orientation

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 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.

ENGLISH	If you need language assistance at no cost to you, please contact us by telephone or in person immediately.
ILOKANO	No masapul mo ti mangipatarus nga libre, pangngaasim ta awagan na kami ti telepono wenno umay na kami kitaen nga daras.
TAGALOG	Kung nangangailangan kayo ng libreng tulong para maintindihan ang wika, mangyaring makipag-ugnay sa amin sa pamamagitan ng telepono o makipagkita kagaad sa amin.
CHINESE SIMPLIFIED 简体中文	如果您需要免费的语言协助服务，请您立刻给我们打电话或来我们办公室请求帮助。
CHINESE TRADITIONAL 繁体中文	如果您需要免費的語言協助服務，請您立刻給我們打電話或來我們辦公室請求幫助。
SPANISH Español	Si necesita los servicios de un intérprete sin costo alguno para usted, por favor llame de inmediato por teléfono o contacte con alguna persona de nuestra oficina.
JAPANESE 日本語	無償で日本語の支援を受けたい場合は、早急に電話あるいは直接窓口にて申込を行ってください。
CHUUKESE Fosun Chuuk	Ika pwe ke mochen aninis ren noumw chon chiaku esap kamo, kose mochen kokori kich won tengwa ika fen pusin chuto rech.
MARSHALLESE Kajin Majol	Ne kwoj aikuj jiban na ukok ilo ejjelok wonen, jouj im kokkeitaak kem ilo talboon ak ilo am itok nan wobij e ien eo emakaaj tata.
KOREAN 한국어	무료로 언어 도움이 필요하시면, 바로 전화 하시거나 오셔서 상담하십시오.
VIETNAMESE Tiếng Việt	Nếu bạn cần hỗ trợ ngôn ngữ miễn phí, xin vui lòng đến gặp trực tiếp chúng tôi hoặc liên lạc qua điện thoại ngay lập tức.

P Hawai`i Civil Rights Commission
Pre-Complaint Questionnaire - Public Accommodation

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: _____

Cell Phone:_____ Email: _____

*Race/Ethnicity: _____ *Sex: _____

Social Security Number: _____ *Age & Date of Birth: _____

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

_____
Name Relationship Address Phone

2. Business that discriminated against you:

Name: _____

Address: _____
Number/Street City Zip Code

Island: ___O`ahu ___Kaua`i ___Maui ___Hawai`i ___Moloka`i ___Lana`i

Telephone: _____

*Used for statistical purposes only
Revised: May 17, 2006 (Updated 10/2016)
Previous Editions Obsolete

3. **I was discriminated against because of my:**
(Check the protected basis)

___Race
___Color
___Ancestry
___Religion
___Sex (includes gender identity & pregnancy)
___Sexual Orientation
___Retaliation (opposed discrimination)
___Disability (physical mental)
What is the disability: _____

4. **I was discriminated against by being:**
(Check the adverse action)

___Denied Goods
___Denied Services
___Denied Accommodations
___Denied Privileges
___Denied Advantages
___Denied Facilities
___Other (specify): _____

5. **Date of the last discriminatory denial:** _____
(Must be within the past 180 days)

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

_____

_____

_____

7. What reason was given to you for the denial:

_____

_____

_____

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

_____

_____

_____

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. On the next page, include the name/telephone/address of witnesses who have evidence of the discrimination.

Dates of Discrimination	**Describe the Discriminatory Adverse Actions** (Explain why the actions were because of your protected basis)

Dates of Discrimination	Continuation of the Discriminatory Adverse Actions (Explain why the actions were because of your protected basis)

Witnesses Who Have Evidence of the Discriminatory Adverse Actions		
Name	Telephone (Home and Work)	Address

Closing Statement: I declare under penalty of perjury that the forgoing is true and correct.

_____

Signature date