Hawai'i Civil Rights Commission Real Property Transactions Pre-Complaint Questionnaire Information

The submission of a Pre-Complaint Questionnaire is the first step in filing a discrimination complaint with the Hawai'i Civil Rights Commission (HCRC). Upon review of your Pre-Complaint Questionnaire an investigator from the HCRC 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 and process your real property discrimination complaint. All information provided to the HCRC in the course of an investigation is confidential and will not be disclosed EXCEPT:

- 1) where a court orders the disclosure of the records;
- 2) where federal fair housing law requires disclosure of the records;
- 3) where a notice of right to sue is issued and the parties to the charge request review of the files; or
- 4) 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 in a real property transaction unless a complaint is first filed with the HCRC and the HCRC issues a notice of right to sue. You may request a right to sue letter after filing the 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://labor.hawaii.gov/hcrc

Grounds of Discrimination in Housing

Race

Ancestry/National Origin

Religion

Color

Sex

Gender Identity & Expression

HIV Status

Age

Marital Status

Familial Status

Sexual Orientation

Disability

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 INTERVIEW** After you file a complaint, you will be interviewed by HCRC staff 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** Following the intake interview, the case will be assigned to an investigator. The investigation is 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.
- **PRE-DETERMINATION SETTLEMENT** You can ask for pre-determination settlement at any time. In pre-determination settlement, we can transmit settlement offers between the parties or the parties may resolve the differences between themselves.
- 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 - REAL PROPERTY TRANSACTIONS

830 Punchbowl Street, Room 411, Honolulu, HI 96813

Instructions: Please type or print. Read this form carefully. If you do not know the answer or a question does not apply to you, please leave the space blank. You will be contacted for an interview after we receive this form. You must sign and date the form.

Personal In	ersonal Information:						
Name:	(Last))		(First)		(Middle / Initial)	
Address:							
City			,	State	/	Zip Code	
Daytime Phor	e Number			Cell Phone Number	/	Evening Phone Number	
Names of Other Adults Discriminated Against:							
List Names:_							
Names of C	Names of Children Discriminated Against:						
List Names:_							
Who Else Can We Call If We Cannot Reach You?							
Contact Name:							
Daytime Phon	e Number			Cell Phone Number	/	Evening Phone Number	
Who Do You Believe Discriminated Against You?							
Name:							
Address:							
City				State	j	Zip Code	
Daytime Phon	e Number	,		Cell Phone Number		Evening Phone Number	
Mark the b	ox that de	escribes t	he pe	rson above:	□ La:	ndlord	
Mark the b ☐ Bank/Oth			-	rson above: Agent \square Real E			
	Name: Address: City Daytime Phon Names of Co List Names: Who Else Co Contact Name Daytime Phon Who Do Yo Name: Address: City	Name: (Last) Address: City Daytime Phone Number Names of Other Adu List Names: Names of Children D List Names: Who Else Can We C Contact Name: Daytime Phone Number Who Do You Believe Name: Address: City	Name: (Last) Address: City Daytime Phone Number Names of Other Adults Discri List Names: Names of Children Discrimina List Names: Who Else Can We Call If We Contact Name: Daytime Phone Number Who Do You Believe Discrimina Name: Address: City	Name: (Last) Address: City Daytime Phone Number Names of Other Adults Discriminate List Names: Names of Children Discriminated A List Names: Who Else Can We Call If We Cann Contact Name: Daytime Phone Number Who Do You Believe Discriminated Name: Address: City /	Name: (Last) (First) Address: City State Daytime Phone Number Cell Phone Number Names of Other Adults Discriminated Against: List Names: Names of Children Discriminated Against: List Names: Who Else Can We Call If We Cannot Reach You? Contact Name: Daytime Phone Number Cell Phone Number Who Do You Believe Discriminated Against You? Name: Address: City State	Name: (Last) (First) Address: City State / Daytime Phone Number Cell Phone Number Names of Other Adults Discriminated Against: List Names: Names of Children Discriminated Against: List Names: Who Else Can We Call If We Cannot Reach You? Contact Name: Daytime Phone Number Cell Phone Number Who Do You Believe Discriminated Against You? Name: Address: City State	

3.	when was the Last Act of Alleged Discrimination? Date:					
	Is the Discrimination Continuing or Ongoing? □Yes □ No					
6.	What Kind of House, Rental Unit or Property Was Involved? Single Family Home					
	☐ Apartment Building (4+ units) ☐ Owner Lives on Property ☐ Public or Assisted Housing					
	□ Other:					
7.	What Is The Address Of The House, Rental Unit or Property?					
	Address:					
	City State Zip Code					
8.	I Believe I Was Discriminated Against Because Of My:					
	□ Race □ Color □ National Origin/Ancestry □ Age □ Marital Status □ Sex					
	☐ Gender Identity or Expression ☐ Sexual Orientation ☐ Familial Status					
	☐ Disability ☐ HIV Status ☐ Religion ☐ Retaliation					
9.	What Happened To You? Check All That Apply.					
	\square Refused an opportunity to rent/buy housing or told housing was not available when it was.					
	☐ Refused a request to accommodate policies or practices, or to modify housing because of a disability.					
	☐ Treated differently from other tenants or persons seeking housing.					
	\square Treated differently in terms of conditions of housing.					
☐ Refused housing because of occupancy limits.						
	☐ Discriminated against in financing a home or property.					
	☐ Retaliated, threatened, intimidated, or interfered with in the exercise of a fair housing right.					
	□ Other					
10.	We need some information for statistical purposes only (Optional):					
	Age: Sex: Race/Ethnicity:					
11.	Have you contacted or filed a complaint with the U.S. Department of Housing and Urban Development:					
	Yes No					

(Rev. 6/2019)

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If yes, when and to whom did you speak with?					

12. Briefly Explain What Happened.

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 (Explain why to	n of the Discriminatory is the actions were because of yo	Adverse Actions ur protected basis)	
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Closing Statement: I de	clare under penalty of p	erjury that the foregoing	is true and correct.	
Signa			Date	
Biglia	tuto		240	

Witnesses Who Ha	ave Evidence of the Discriminatory Ac Telephone (Home and Work)	lverse Actions Address
	1010	Address
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