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Pre-Complaint Questionnaire – Employment

Hawai`i Civil Rights Commission
830 Punchbowl Street, Room 411, Honolulu, HI 96813
TEL: (808) 586-8636, FAX: (808) 586-8655, TDD: (808) 586-8692

Directions: Please fill this out completely. We'll use the information to see if we have jurisdiction to draft a discrimination complaint and to investigate it. Include any paperwork that shows discrimination occurred. Read the closing statement at the end, and sign and date it. Mail or drop off at the above address. An investigator will contact you for an intake interview.

Date: _____

1. Information about you:

Name: _____
Last First Middle Initial(s)

Address: _____
Number/Street City Zip Code

_____ / _____ / _____
Home Phone Cell Phone Work Phone

Email Address: _____ Age* and Date of Birth: _____

Race or Ancestry*: _____ Sex*: _____

Person to contact if we can't reach you**:**

_____
Name and Relationship Address Phone No.

2. Information about the employer:

Name: _____

Address: _____
Number/Street City Zip Code

Island:

____ O`ahu ____ Kaua`i ____ Maui ____ Hawai`i ____ Moloka`i ____ Lana`i

Telephone: _____ Number of Employees: _____

Date Hired: _____ Pay/Salary: _____

Job Title: _____

*Used for statistical purposes only
Revised: September 2015

3. Check type of discrimination:

☐ Race
☐ Color
☐ Ancestry (includes national origin)
☐ Age
☐ Religion
☐ Credit History or Report
☐ Arrest & Court Record
☐ Breast Feeding
☐ Sex (includes gender identity & pregnancy)
☐ Sexual Orientation
☐ Marital Status
☐ Retaliation (opposed discrimination)
☐ National Guard Obligation
☐ Child Support Garnishment
☐ Domestic/Sexual Violence Victim Status
☐ Disability: _____

4. Check act of discrimination:

☐ Fired/Discharged
☐ Laid Off
☐ Not Hired
☐ Harassed
☐ Sexually Harassed
☐ Denied Promotion
☐ Refused Accommodation
☐ Other: _____

5. Date of the last act of discrimination: _____
(Statute of limitations is 180 days)

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

_____

_____

7. What reason did the person give to you for the discrimination?

_____

_____

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

_____

9. Did you file a complaint with the Federal EEOC about this? ☐ YES ☐ NO

10. Do you have an attorney representing you in this matter? ☐ YES ☐ NO

_____
Name Phone No.

Directions: Provide a summary of the discrimination with the name of the person who treated you this way. Use a separate sheet of paper if needed.

Date	Describe the discrimination

Date	Describe the discrimination (continued)

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

_____ _____

Signature **Date**

Witnesses Who Have Evidence of the Discrimination		
Name	Telephone (Home and Work)	Address