

**Hawai'i Civil Rights Commission
Komikina Pono Kīwila O Hawai'i
Public Accommodations and Access to State Services
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.

**Call the HCRC by dialing:
(808)586-8636 (voice) or (808) 586-8692 (TDD)**

Website: [http: Hawaii.gov/labor/hcrc](http://Hawaii.gov/labor/hcrc)

Grounds of Discrimination in Public Accommodations

Race	Color
Ancestry	Sex (including gender identity or expression)
Religion	Sexual Orientation
Disability	

Grounds of Discrimination in Access to State and State-Funded Services

Disability is the only grounds of discrimination covered under access to state funded services.

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.

Pre-Complaint Questionnaire – Public Accommodations/ Access to State and State Funded Services

Hawaii Civil Rights Commission - Komikina Pono Kīwila O Hawai'i
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 the signed original at the above address.** An investigator will contact you for an intake interview.

Date: _____

1. Information about you:

Name: _____
Last First Middle

Mailing Address: _____
Number & Street City Zip Code

Telephone: _____
Cell Work and Home phones

E-mail: _____

*Race/Ethnicity: _____ *Sex: _____ Age: _____

Name/Telephone/Address of a person to contact if we cannot reach you, and relationship:

2. Business/State agency, program or activity 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

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

- | | |
|-----------------------------------|---|
| <input type="checkbox"/> Race | <input type="checkbox"/> Sex (includes gender identity or expression) |
| <input type="checkbox"/> Color | <input type="checkbox"/> Sexual Orientation |
| <input type="checkbox"/> Ancestry | <input type="checkbox"/> Retaliation (opposed discrimination) |
| <input type="checkbox"/> Religion | <input type="checkbox"/> Disability (physical or mental) |
- What is the disability: _____

4. I was discriminated against by being:

(check the adverse action)

- | | |
|--|--|
| <input type="checkbox"/> Asked to leave/Trespassed | <input type="checkbox"/> Lack of disabled access |
| <input type="checkbox"/> Discriminatory Language/Harassment | <input type="checkbox"/> Denied Service |
| <input type="checkbox"/> Denied Reasonable Accommodation (specify) _____ | |
| _____ | |
| <input type="checkbox"/> Denial of assistance animal | <input type="checkbox"/> Other (specify) _____ |

5. Date of the last discriminatory denial: _____

(Must be within last 180 days). If ongoing, explain

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

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

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

Directions: Please provide a summary of the discriminatory adverse acts 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 last page, include the name, telephone, e-mail and 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)
Date of Discrimination:	Description:
Date of Discrimination:	Description:
Date of Discrimination:	Description:
Date of Discrimination:	Description:
Date of Discrimination:	Description:
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name, telephone, e-mail and address of witnesses who have evidence of the discrimination.

(Add extra pages if necessary, and sign at bottom)

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

Signature

Date

Submit signed original by mailing to our address: HCRC, 830 Punchbowl St, Rm 411, Honolulu, HI 96813

Witnesses Who Have Evidence of the Discriminatory Adverse Actions			
Name	Telephone (cell and work)	Address	E-mail