

Hawai‘i Civil Rights Commission Komikina Pono Kīwila O Hawai‘i

Employment 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, 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.

You can reach the HCRC by:
Telephone: (808) 586-8636 (Voice) or (808) 586-8692 (TDD)
Email: DLIR.HCRC.INFOR@hawaii.gov
Website: <https://labor.hawaii.gov/hcrc>

Grounds of Discrimination in Employment

Sex (Includes Gender Identity & Pregnancy)	Marital Status
Race	Sexual Orientation
Ancestry/National Origin	Breast Feeding
Color	Arrest & Court Record
Religion	National Guard Participation
Disability	Child Support Garnishment
Age	Credit History or Credit Report
Domestic/Sexual Violence Victim Status	Reproductive Health Decision

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 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 – Employment

Hawai'i 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, 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 Initial(s)

Mailing Address: _____
Number/StreetApt City Zip Code

Telephone: _____
Cell Home Work

Email: _____ Age: _____

Race/Ethnicity*: _____ 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 ___ E.Hawai`i ___ W.Hawai`i ___ Moloka`i ___ Lana`i

Telephone: _____ Number of Employees: _____

Date Hired: _____ Pay/Salary: _____

Job Title: _____

3. Check type of discrimination:

- | | |
|--|---|
| <input type="checkbox"/> Race | <input type="checkbox"/> Sex (includes gender identity & pregnancy) |
| <input type="checkbox"/> Color | <input type="checkbox"/> Sexual Orientation |
| <input type="checkbox"/> Ancestry (includes national origin) | <input type="checkbox"/> Marital Status |
| <input type="checkbox"/> Age | <input type="checkbox"/> Reproductive Health Decision |
| <input type="checkbox"/> Religion | <input type="checkbox"/> National Guard Obligation |
| <input type="checkbox"/> Credit History or Report | <input type="checkbox"/> Child Support Garnishment |
| <input type="checkbox"/> Arrest & Court Record | <input type="checkbox"/> Domestic/Sexual Violence Victim Status |
| <input type="checkbox"/> Breast Feeding | <input type="checkbox"/> Disability: _____ |
- Retaliation (only if you opposed discrimination)

4. Check act of discrimination:

- | | |
|--|--|
| <input type="checkbox"/> Fired/Discharged/Laid Off | <input type="checkbox"/> Denied Promotion |
| <input type="checkbox"/> Not Hired | <input type="checkbox"/> Refused Accommodation |
| <input type="checkbox"/> Sexually Harassed | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Harassed due to _____ | <input type="checkbox"/> 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. If English is not your best language, we will provide a free interpreter.

Would you like a free interpreter? No Yes, What language: _____

9. Please indicate if you have any special needs and are requesting assistance.

Describe: _____

10. How did you learn about the Hawai'i Civil Rights Commission?

11. Have you contacted the Federal EEOC about this? YES NO

12. Do you have an attorney representing you in this matter? _____ YES _____ NO

Attorney 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 statement(s) is true and correct.

_____ **Signature**

_____ **Date**

Mail to: HCRC - 830 Punchbowl Street, Room 411, Honolulu, HI 96813

Witnesses Who Have Evidence of the Discrimination

Name	Telephone (Home and Work) Email	Address