STATE OF HAWAII
DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
WAGE STANDARDS DIVISION
Princess Keelikolani Building, 830 Punchbowl Street, Room 340, Honolulu, Hawaii 96813

INSTRUCTION SHEET FOR WSD-1.378III COMPLAINT FORM

Chapter 378, Employment Practices, Part III
Unlawful Suspension, Discharge or Discrimination Due to Work Injury or Drug Testing

Instructions

You must file a complaint within 30 days of either: (1) the date of the alleged violation, or (2) the date you learned of the alleged violation; or (3) for work injury situations only - the date you were released to return to work.

Please completely fill out the WSD-1.378 III Complaint Form.

Please type or print legibly. Read all instructions before completing the forms. If you have any questions, call the nearest office at the number listed below.

WSD-1.378III Complaint Form

Note: A copy of your complaint will be given to the employer.

Items 1 through 8: Provide information pertaining to yourself.
Items 9 through 13: Provide information about the employer you are filing a complaint against.
Items 14 through 22: Provide information about the alleged violation and continue on page 2.
Item 23: "Statement of Facts"

(a) If you believe the employer violated Section 378-32, Hawaii Revised Statutes (HRS), please provide a short statement, including the alleged unlawful act and the date it occurred. For example:
"I believe the employer violated Section 378-32, HRS, because I was (discharged, suspended, or discriminated against) on (date) due to

- my work injury;
- my pay being garnished; or
- my filing for a wage earner plan under Chapter XIII of the Bankruptcy Act."
- my testing positive on an on-site substance abuse screening test."

(b) **State the remedy you are seeking. For example, back pay, reinstatement, or both.**

Verification and Signature:
Your signed complaint must be verified by an authorized Department of Labor and Industrial Relations representative. You will be required to produce identification. **If you mail your complaint, it must be signed before a notary public.**

IMPORTANT: Report any change of address or telephone number. If we are unable to contact you, your complaint willbe dismissed.

The Delivery Information section below lists various delivery options. Please select the most convenient method andsubmit the completed form accordingly. You may include copies of any documents, records, pay statements, etc. tosupport your complaint. Please remember to sign and date the form before submitting it.

For additional information, "A Guide to Administrative Hearings at the DLIR Wage Standards Division" is available at this website: www.labor.hawaii.gov/wsd.

Delivery Information

Delivery by U.S. Mail or In Person. Complaints may not be filed by fax.

Department of Labor and Industrial Relations, Wage Standards Division

Oahu	830 Punchbowl Street, Rm. 340; Honolulu, HI 96813	Phone: (808) 586-8777
Hilo	State Building, 75 Aupuni Street; Rm. 108; Hilo, HI 96720	Phone: (808) 974-6464
Kauai	3060 Eiwa Street, Rm. 202; Lihue, HI 96766	Phone: (808) 274-3351
Maui	2264 Aupuni Street; Wailuku, HI 96793	Phone: (808) 984-2075
West Hawaii (Kona)	Post Office Building; P.O. Box 49; Kealakekua, HI 96750	Phone: (808) 322-4808

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DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
WAGE STANDARDS DIVISION

WSD-1.378III COMPLAINT FORM

Chapter 378, Employment Practices, Part III

Unlawful Suspension, Discharge or Discrimination Due to Work Injury or Drug Testing

Please print or type and follow the "Instruction Sheet for WSD-1.378 III Complaint Form"

Complainant Information: Please print or type

1. Name (Last, First, Middle Initial) ☐ Mr. ☐ Mrs. ☐ Ms.				2. Last four digits of Social Security No. XXX-XX-
3. Address	City		State	Zip Code
4. Phone ( )	Cell Phone ( )	Email Address		
5. Type and Title of Work Performed				
6. Employment Status ☐ Current Employee of Employer Named Below ☐ Quit ☐ Discharged				
7. Period of Employment (Dates):	From	To		
8. Union Membership ☐ Yes ☐ No If yes, name of Union:				

Employer Information:

9. Business Name				
10. Address	City		State	Zip Code
11. Phone ( )	Fax ( )	Cell ( )		
12. Name and Title of Owner or Person in Charge				
13. Nature of Business				

Complaint Information

14. Alleged unlawful act: ☐ Discharge ☐ Suspension ☐ Discrimination	15. Date of discharge, suspension or discrimination
16. Reason: ☐ Injured on the job ☐ Wages were garnished ☐ Filed bankruptcy ☐ Tested positive on an on-site substance abuse screening test	

For work injury termination complaints:

17. a. Date of work injury		b. Type of work injury (e.g., neck, back, arm, leg, stress, etc.)
18. Have you been released by your doctor to return to work? ☐ Yes ☐ No		
b. If yes:	Date released for work:	Released with limitations? ☐ Yes ☐ No

Continued on page 2

FOR OFFICE USE ONLY			Law				
Date Received			ICB				
			CS				
Taken by		DOL#:	IS1		IS2		
	H K M WH		HB			No.	

Work Injury Termination Information (continued from page 1):

20. a. Have you filed a workers' compensation claim for this injury? ☐ Yes ☐ No	b. Has your claim been approved?	☐ Yes	☐ No	☐ Pending
21. Did the employer have three or more employees at the time of your work injury?		☐ Yes	☐ No	☐ Unsure
22. If you are a union member: a. Does the collective bargaining agreement prevent continued employment or reemployment of an employee who suffers a work injury?		☐ Yes	☐ No	☐ Unsure
b. Have you filed a grievance with the union relating to allegations made in this complaint?		☐ Yes	☐ No	

23. Statement of Facts (Briefly explain pertinent facts of the alleged violation):

I swear or affirm that I have read this complaint, and that the information and statements are true to the best of my knowledge and belief. I authorize the Director of Labor and Industrial Relations or a departmental representative to collect and receive, on my behalf, payments made on my complaint.

Note: Do not date or sign unless in the presence of an authorized DLIR representative or a notary public.

Date: ______________________________ Signature of Complainant:____

☐ *Check if under 18 years old*

FOR OFFICE USE ONLY

VERIFIED BY: ________________________________ ________________________

Authorized DLIR Representative Date

FOR NOTARY PUBLIC:

STATE OF HAWAII)
) SS.
___________ COUNTY OF ___________)

On this ________ day of _________, 20__, before me personally appeared ________________________ and ____________________, to me known to be the person(s) described herein, and who, being duly sworn, did say that he/she/they is/are the said ____________________ named in the foregoing instrument, and that he/she/they executed said instrument as his/her/their own free act and deed.

____
(Signature)

Notary Public, State of Hawaii

My commission expires: _______________

Document Date: ____________________ # of Pages: _________

Printed Notary Name: ___________________________ ____________ Circuit

Document Description: ____

____

________________________________ ____________________

Notary Signature Date

NOTARY CERTIFICATION

(Stamp or Seal)