



STATE OF HAWAII
 DEPARTMENT OF EDUCATION
 Civil Rights Compliance Branch
 P.O. Box 2360
 Honolulu, Hawaii 96804
 Phone: (808) 784-6325 • FAX: (808) 586-3331
 Email: crcb@k12.hi.us

**ANTI-HARASSMENT, ANTI-BULLYING, AND
 ANTI-DISCRIMINATION AGAINST STUDENT(S)
 BY EMPLOYEES POLICY COMPLAINT FORM**
BOE Policy #305-10

COMPLAINANT INFORMATION

Name	Last Name	First Name	Middle Name	
Address	Number and Street		City	State Zip
Phone	Home Phone ()		Work Phone ()	
School/Office	Complex Area			

COMPLAINANT STATUS (Check Applicable Box)

Student Parent Legal Guardian Other (Specify) _____

ALLEGED OFFENDER(S) (If Known)

Name	Job Title	School/Office
Name	Job Title	School/Office
Name	Job Title	School/Office

BASIS OF COMPLAINT (Check Applicable Box)

Race Religion Sexual Orientation Gender Identity Physical Appearance & Characteristic
 Color National Origin Retaliation Gender Expression Age
 Sex Ancestry Physical/Mental Disability Socio-Economic Status

Date(s) of Incidents ____/____/____ ____/____/____ ____/____/____

COMPLAINT SUMMARY (Identify: Who, What, When, and Where)

(Additional pages may be submitted)

WITNESS INFORMATION (Provide Names of Witnesses)

Name	<input type="checkbox"/> Student <input type="checkbox"/> Adult	Address/Organization	Phone
Name	<input type="checkbox"/> Student <input type="checkbox"/> Adult	Address/Organization	Phone
Name	<input type="checkbox"/> Student <input type="checkbox"/> Adult	Address/Organization	Phone

Statement: The information provided above is truthful and correct to the best of my knowledge. Date Received By CRCB:

_____ / ____ / ____
 Complainant's Signature Date



In accordance with the Americans with Disabilities Act and other applicable state and federal laws, if you require reasonable accommodations due to a disability, please contact a supervisor, principal, complex area superintendent, or assistant superintendent.