



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

DISCRIMINATION COMPLAINT FORM

BOE Policy #900-1

COMPLAINANT INFORMATION

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

COMPLAINANT STATUS (Check Applicable Box)

Employee
 Applicant
 Volunteer
 Other (Specify) _____

ALLEGED OFFENDER(S) (If Known)

Name	Job Title	Organization
Name	Job Title	Organization
Name	Job Title	Organization

BASIS OF COMPLAINT (Check Applicable Box)

Race
 Religion
 National Origin
 National Guard Service
 Physical/Mental Disability
 Domestic or Sexual Violence Victim
 Color
 Ancestry
 Sexual Orientation
 Uniform Service
 Marital Status
 Breast Feeding
 Age
 Retaliation
 Veteran Status
 Arrest/Court Record
 Child Support
 Sex, including Gender Identity & Expression
 Genetic Information
 Citizenship Status
 Credit History

Date(s) of Incidents ___/___/___ ___/___/___ ___/___/___

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

(Additional pages may be submitted)

WITNESS INFORMATION (Provide Names of Witnesses)

Name	Address/Organization	Phone
Name	Address/Organization	Phone
Name	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