



STATE OF HAWAII
HAWAII CIVIL RIGHTS COMMISSION
Princess Ke`elikolani Building, 830 Punchbowl Street, Room 411, Honolulu, Hawaii 96813

**INSTRUCTION SHEET AND CHECKLIST FOR
EMPLOYMENT PRE-COMPLAINT QUESTIONNAIRE**

***HAWAII CIVIL RIGHTS COMMISSION PRE-COMPLAINT INSTRUCTIONS AND CHECKLIST
EMPLOYMENT***

This information is provided to help you decide whether or not your employment problem can be handled by the Hawaii Civil Rights Commission (HCRC). ***IT IS NOT MEANT TO DISCOURAGE YOU FROM FILING A COMPLAINT.***

If you have difficulty understanding these instructions or have any questions, call the Hawaii Civil Rights Commission office at 586-8636 (Voice), 586-8692 (TDD) or 586-8655 (FAX). If you are on the Neighbor Islands, call toll free by dialing: Kauai: 274-3141 (ext. 6-8636#); Maui: 984-2400 (ext. 6-8636#); Hawaii: 974-4000 (ext. 6-8636#); Lana'i & Moloka'i: 1-800-468-4644 (ext. 6-8636#).

Enclosed is a Pre-Complaint Questionnaire. Please fill it out and return it as soon as possible. You will then be called or receive a letter to schedule an appointment for an interview with Commission staff. If you are not called within 30 days after you return it to us, please call us. At this interview be prepared to provide the staff with information and bring any documents you have which will help us to understand your problem. ***IF YOU DO NOT SEND IN A COMPLETED PRE-COMPLAINT QUESTIONNAIRE YOU WILL NOT RECEIVE AN APPOINTMENT.*** If you have a specific problem, such as a language difficulty, that makes it hard for you to fill out the Pre-Complaint Questionnaire, please call us.

WARNING: YOUR RETURN OF A COMPLETED PRE-COMPLAINT QUESTIONNAIRE DOES NOT CONSTITUTE THE FILING OF A COMPLAINT--YOU MUST STILL FILE AN OFFICIAL COMPLAINT WHICH A COMMISSION STAFF PERSON CAN ASSIST YOU WITH AFTER YOUR INTERVIEW.

SECTION I We can only take complaints of illegal discrimination. This means the unfair treatment about which you are complaining must have happened because of one or more of the reasons listed below:

Your race	A problem related to your pregnancy, child birth or related medical conditions.
Your sex	Harassment because of your race, sex, religious beliefs, etc.
Your religious beliefs	Because you reported a violation of any law that HCRC enforces (retaliation).
Your color	Because you participated in any way in an investigation, hearing or other proceeding conducted by the Hawaii Civil Rights Commission.
Your national origin	
Your ancestry	
Your age	
Your disability status	
Your marital status	
Your sexual orientation	
Your arrest & court record	
Your child support garnishment	
Your National Guard Obligations	
You breast feeding	

The Commission does not handle any unfair treatment that is **not** due to one or more of the above reasons.

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SECTION II

It is not easy to prove discrimination. In order to file a complaint, you must have information to explain why you believe the unfair treatment was because of one or more of the reasons listed in Section I. When we investigate your case, we need either direct evidence (racial slurs, sexist slurs, harassment) or we need to find evidence that you were treated differently in comparison to individuals not of your race, sex, or whatever reason(s) on which you are basing your complaint.

For example, if you are Black and were fired for being absent too often, we probably cannot prove discrimination unless we find that non-Blacks who were absent as often were not terminated. In some kinds of cases, such as religious discrimination or disability status discrimination, the key evidence may take other forms.

SECTION III **The state statute of limitations for filing complaints with the Hawai'i Civil Rights Commission is 180 days after the date upon which the alleged discriminatory practice occurred or the last occurrence in a pattern of ongoing discriminatory practice.**

THEREFORE, IF YOU ARE COMPLAINING ABOUT SOMETHING THAT HAPPENED OVER FIVE (5) MONTHS AGO and near this statute of limitations for filing a complaint, call the Hawai'i Civil Rights Commission office at 586-8636 (Voice), 586-8692 (TDD) or 586-8655 (FAX). If you are on the Neighbor Islands, call toll free by dialing: Kaua'i: 274-3141 (ext. 6-8636#); Maui: 984-2400 (ext. 6-8636#); Hawai'i: 974-4000 (ext. 6-8636#); Lana'i & Moloka'i: 1-800-468-4644 (ext. 6-8636#) and ask to speak to an investigator. Any delay may cause a time problem that could prevent us from accepting your complaint.

REMEMBER: IT IS ILLEGAL FOR AN EMPLOYER TO RETALIATE AGAINST YOU FOR FILING A COMPLAINT OR FOR CONTACTING THIS COMMISSION.

Call the Hawai'i Civil Rights Commission office if you have any questions.

The **Delivery Information** section below lists various delivery options. Please select the most convenient method and submit the completed form accordingly.

Please remember to sign and date the form before submitting it.

Delivery Information

Delivery by U.S. Mail or In-Person

Hawai'i Civil Rights Commission
Princess Ke`elikolani Building, 830 Punchbowl Street, Room 411, Honolulu, Hawai'i 96813

Delivery via Fax

Hawai'i Civil Rights Commission
(808) 586-8655



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Please fill out this questionnaire completely. The information will be used to determine if we have jurisdiction to investigate your discrimination complaint, and to draft the charge of discrimination. You may be contacted for either a telephone or in-office interview. Please print clearly. Submit documents that support your allegation(s) of discrimination.

1. Information about you:

Date: _____

Name (Last, First, Middle Initial(s))			
Address		City	Zip
Home Phone ()	Work Phone ()	Cell Phone ()	
Race/Ethnicity		Sex	
Social Security Number		Age & Date of Birth	
Person to contact if we can't reach you:			
Name & Relationship			
Address			
Telephone ()			

2. Company/City & County/State etc. that discriminated against you:

Name			
Address		City	Zip
Island <input type="checkbox"/> O`ahu <input type="checkbox"/> Kaula`i <input type="checkbox"/> Maui <input type="checkbox"/> Hawai`i <input type="checkbox"/> Moloka`i <input type="checkbox"/> Lana`i			
Telephone ()	No. of Employees (employed in HI):	Date Hired	Pay/Salary
Job title when discriminated against			

HCRC USE ONLY		
DB#	Assigned to	Date Assigned
Interview Date	Action Taken	Date Action Taken

Previous Editions Obsolete

Visit our Website at www.hawaii.gov/labor for ALL interactive and downloadable forms.

(Rev. 10/05)

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3. I was discriminated against because of my:

<input type="checkbox"/> Race	<input type="checkbox"/> Arrest & Court Record	<input type="checkbox"/> Retaliation (opposed discrimination)
<input type="checkbox"/> Color	<input type="checkbox"/> Breast Feeding	<input type="checkbox"/> National Guard Obligation
<input type="checkbox"/> Ancestry	<input type="checkbox"/> Sex/Gender (M/F, pregnant)	<input type="checkbox"/> Child Support Garnishment
<input type="checkbox"/> National Origin	<input type="checkbox"/> Sexual Orientation (homosexual bisexual heterosexual)	<input type="checkbox"/> Disability (physical mental) What is the disability? _____
<input type="checkbox"/> Age	<input type="checkbox"/> Marital Status (married single)	_____
<input type="checkbox"/> Religion		_____

4. I was discriminated against by being:

<input type="checkbox"/> Fired/Discharged	<input type="checkbox"/> Denied Promotion
<input type="checkbox"/> Not Hired	<input type="checkbox"/> Denied Transfer
<input type="checkbox"/> Forced to Quit	<input type="checkbox"/> Refused Pay Raise
<input type="checkbox"/> Laid Off	<input type="checkbox"/> Unequal Pay
<input type="checkbox"/> Sexually Harassed	<input type="checkbox"/> Unequal Hours
<input type="checkbox"/> Harassed	<input type="checkbox"/> Suspended
<input type="checkbox"/> Refused Accommodation	<input type="checkbox"/> Other (specify): _____ _____

5. Date of the last discriminatory action: (must be within the past 180 days)

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

7. What reason was given to you for the adverse action:

8. How did you learn about the Hawai'i Civil Rights Commission:

