

STATE OF HAWAIIDEPARTMENT OF EDUCATION

DEPARTMENT OF EDUCATION Civil Rights Compliance Office P.O. Box 2360

Honolulu, Hawaii 96804 Phone: (808) 586-3322 • FAX (808) 586-3331

ANTI-HARASSMENT, ANTI-BULLYING, AND ANTI-DISCRIMINATION AGAINST STUDENT(S) BY EMPLOYEES POLICY COMPLAINT FORM

BOE Policy #4211

COMPLAINANT INFORMATION								
Name	Last Name	First Na	First Name		Middle Name			
Address	Number and Street	City	City		State	Zip		
Phone	Home Phone ()		Work Phone ()					
School/Offic	ce	Complex Area	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			I/Office				
Name	Job Title		School/Office					
BASIS OF COMPLAINT (Check Applicable Box)								
Race Color Sex	· · · · · · · · · · · · · · · · · · ·	/Mental Disability Physica		conomic Status Il Appearance & Characteristic Specify)				
Date(s) of Incidents//////								
COMPLAINT SUMMARY (Identify: Who, What, When, and Where)								
(Additional pages may be submitted)								
WITNESS INFORMATION (Provide Names of Witnesses)								
Name	☐ Student ☐ A	dult A	ddress/Organization			Phor	пе	
Name	☐ Student ☐ A		dress/Organization			Phor	пе	
Name	Student D	dult A	ldress/Organization			Phone		
Statement: The information provided above is truthful and correct to the best of my knowledge. Date Received By CRCO:							ived By CRCO:	
Complainant's Signature Complainant's Signature								
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