



**STATE OF HAWAII**  
 DEPARTMENT OF EDUCATION  
 Civil Rights Compliance Office  
 P.O. Box 2360  
 Honolulu, Hawaii 96804  
 Phone: (808) 586-3322 • FAX: (808) 586-3331  
 Email: CRCO@notes.k12.hi.us

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

**COMPLAINANT INFORMATION**

<b>Name</b>	Last Name	First Name	Middle Name	
<b>Address</b>	Number and Street		City	State      Zip
<b>Phone</b>	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       Retaliation       Socio-Economic Status  
 Color       National Origin       Physical/Mental Disability       Physical Appearance & Characteristic  
 Sex       Sexual Orientation       Gender Identity & Expression

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 CRCO:

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Complainant's Signature Date