STATE OF HAWAII
DEPARTMENT OF EDUCATION
Civil Rights Compliance Branch
P.O. Box 2360
Honolulu, Hawaii 96804
Phone: (808) 586-3322 • FAX: (808) 586-3331
Email: info@crco.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

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.

RS 20-0148, July 2019 (Rev. of RS 19-1564)