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

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

BOE Policy #305-10

COMPLAINANT INFORMATION

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

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 ❑ Adult	Address/Organization	Phone
Name ❑ Student ❑ Adult	Address/Organization	Phone
Name ❑ Student ❑ Adult	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 20-0516, October 2019 (Rev. of RS 20-0149)