



Complainant

Last Name		First Name		UH Email	
Mailing Address			City	State	ZIP
Phone Type Cell Home	Phone Number		Affiliation Student Employee Applicant		

Complaint Basis

Type of Complaint:

Informal

Formal

Basis of the Complaint:

Age (provide in statement)

Disability (provide in statement)

Race (provide in statement)

Ancestry (provide in statement)

Genetic Information

Religion (provide in statement)

Arrest & Court Record

Income Assignment for Child

Retaliation (related to discrimination issues)

Breastfeeding

Marital Status

Sex (provide in statement)

Citizenship

National Origin

Support National Guard Absence

Color (provide in statement)

Pregnancy

Veteran Status

Respondent and Incident

Respondent Last Name		Respondent First Name		Respondent Email	
Respondent Department or Address			Respondent Phone		
Date, Time, and Place of the First Incident					
Date, Time, and Place of the Second Incident					
Statement (Please describe the incident(s) as clearly and concisely as possible. Provide as much detail as you can recall, including when and where the events occurred and who said what to whom. Explain why you believe the conduct or treatment was discriminatory.)					

**Documentation**

(List and/or attach copies of any documents or material relevant to the complaint. For each item, briefly explain why it is relevant.)

Witnesses

(Did anyone witness the incidents of discrimination? If so, list their names and include phone numbers and address, if known. Briefly state what information each witness will be able to provide.)

Other Assistance

(Have you have sought assistance in resolving your complaint from another source? If yes, please describe.)

Complainant's Authorization

I understand that complete confidentiality cannot be maintained in the process of handling informal and formal complaints. I agree that this statement of allegations may be used during the investigation of the case. I further consent that this statement and certain information in the complaint file may be disclosed to the Respondent and appropriate administrators, among others, in order to informally resolve my complaint, conduct fact finding, or implement remedial action. Information may also be disclosed if required by policy, law, rule, regulation, or court order.

I affirm that this complaint statement is true, accurate, and complete to the best of my knowledge.

Nonretaliation Policy

University policy as well as state and federal law prohibit retaliation against any person because s/he has filed a discrimination complaint or served as a witness in the complaint investigation. Complaints of retaliation constitute separate charges and will be handled in the same manner as discrimination complaints.

If you believe you have experienced retaliation, notify the appropriate investigating office as soon as possible.

Signature

Signature

Date

Please submit this form and any supporting documents using [UH Filedrop](#) to uhwohr@hawaii.edu (recipient).