

STATE OF HAWAII  
Attachment A  
DISCRIMINATION COMPLAINT FORM

HRD FORM 613

**COMPLAINANT INFORMATION**

Last Name	First Name	Middle Name
Address and Phone	Job Title, Branch, Division	

**ALLEGED OFFENDERS**

Name	Job Title/Organization
Name	Job Title/Organization
Name	Job Title/Organization

**BASIS OF COMPLAINT**

Check box or boxes for applicable protected class.

<input type="checkbox"/> Race	<input type="checkbox"/> Color	<input type="checkbox"/> Sex/Gender	<input type="checkbox"/> Gender Identity or Expression	<input type="checkbox"/> Sexual Orientation	<input type="checkbox"/> Pregnancy
<input type="checkbox"/> Breastfeeding	<input type="checkbox"/> Religion	<input type="checkbox"/> National Origin	<input type="checkbox"/> Ancestry	<input type="checkbox"/> Age	<input type="checkbox"/> Disability
<input type="checkbox"/> Genetic Information	<input type="checkbox"/> Marital Status	<input type="checkbox"/> Arrest and Court Records	<input type="checkbox"/> Income Assignment for Child Support	<input type="checkbox"/> National Guard Absence	<input type="checkbox"/> Uniformed Service/Veteran's Status
<input type="checkbox"/> Citizenship	<input type="checkbox"/> Credit History or Credit Report	<input type="checkbox"/> Domestic or Sexual Violence Victim Status	<input type="checkbox"/> Retaliation	<input type="checkbox"/> Other (Specify)	

**COMPLAINT SUMMARY**

(Provide details of who, what, when, and where. Attach additional pages if needed.)

**REQUESTED REMEDY**

(Provide corrective action or remedies you are seeking.)

**WITNESS INFORMATION**

(Provide names and contact information for witnesses, if any. Attach additional pages if needed.)

Witness Name	Job Title/Organization/Phone
Witness Name	Job Title/Organization/Phone
Witness Name	Job Title/Organization/Phone

**The information provided above is truthful and accurate to the best of my knowledge.**

Complainant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Complaint Received by: \_\_\_\_\_  
Name, Title, Signature

Date: \_\_\_\_\_