Attachment A
Rev 3/29/11

Department of Human Resources Development
Internal Complaint Form

(Please type or write clearly in ink for each item below. Attach additional pages if necessary.)

Complainant Information:
Name: _____ Bargaining Unit: _____
Position Number & Title (if currently or formerly employed by State): _____
Division/Branch/Section: _____
Mailing Address: _____
Phone Number: (Home) _____ (Work) _____

Representative's Name, Address and Telephone Number (if any):

Type of Complaint:
- ☐ Recruitment
- ☐ Examination (Including Initial Probation)
- ☐ Classification/Reclassification (Attach DHRD Form 259)
- ☐ Initial Pricing of Classes (Attach DHRD Form 276)
- ☐ Other Employment Action Adversely Affecting Civil Service Employees (Excluded)
- ☐ Other Adverse Employment Action That Cannot be Processed Through Collective Bargaining Process

A. Cite the specific personnel law, rule, or written policy, which you allege has been misinterpreted, misapplied or violated.

B. Provide a complete statement of facts to support your allegation. Attach copies of any supportive documents (e.g., copy of policy alleged to have been violated, written statements from witnesses, and other similar documents).

C. Remedy Sought. How can this complaint be resolved?

_____ _____
Complainant's or Representative's Signature Date

Submit the signed complaint form, appropriate DHRD forms, if applicable, and supporting documentation by hand delivery or mail to: Department of Human Resources Development, 235 S. Beretania Street, Room 1100, Honolulu, Hawaii 96813.

FOR OFFICE USE ONLY **Date Received:**	**Receipt verified by:**

Department of Human Resources Development

Internal Complaint Procedures Instructions

WHO CAN FILE

1. Any member of the general public disqualified during the recruitment process for failure to meet minimum qualifications or found to be unsuitable for a specific vacant position; or

2. Only employees covered by Chapter 76, Hawaii Revised Statutes (HRS), concerning classification and reclassification of a particular position; or

3. Only employees covered by Chapter 76, HRS, excluded from collective bargaining concerning other employment actions under Chapter 76 or 89C, HRS, including disciplinary actions and adverse actions for failure to meet performance requirements.

HOW TO FILE

1. The complainant (person filing) or his/her representative must submit the complaint form with an *original signature* to the Departmental Personnel Officer within the following timeframes:

   a. **Seven (7) working days** following the date shown on the notice of examination results or disqualification due to unsuitability;

   b. **Twenty (20) working days** from the date of notice of action for all complaints on classification; or

   c. **Ten (10) working days** for all other human resources complaints.

WHERE TO MAIL THE FORM

Mail the complaint form to the following address:

Department of Human Resources Development
235 South Beretania Street
Room 1100
Honolulu, Hawaii 96813

IMPORTANT NOTE:

You must **follow and complete** the Internal Complaint process before you can file an appeal with the Merit Appeals Board (MAB).