Department of Human Resources Development Internal Complaint Form

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

FOR OFFICE USE ONLY

Date Received:

Complainant Information: Name:	_ Bargaining Unit:
Position Number & Title (if currently or formerly employed by State):	
Division/Branch/Section:	
Mailing Address:	
Phone Number: (Home) (ork)	
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 Bargain	ning Process
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A. Cite the specific personnel law, rule, or written policy, which you allege ha	as been misinterpreted,
misapplied or violated.	
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B. Provide a complete statement of facts to support your allegation. Attach co	opies of any supportive
documents (e.g., copy of policy alleged to have been violated, written state	
and other similar documents).	,
,	
C. Remedy Sought. How can this complaint be resolved?	
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Complainant's or Representative's Signature	Date
Submit the signed complaint form, appropriate DHRD forms, if applicable, and suppo	
hand delivery or mail to: Department of Human Resources Development, 235 S. Ber	etania Street, Room
1100. Honolulu. Hawaii 96813.	

Receipt verified by:

Department of Human Resources Development

Internal Complaint Procedures Instructions

WHO CAN FILE

- Any member of the general public disqualified during the recruitment process including, but not limited to, 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:
 - Seven (7) working days following the date of the response to your complaint on the recruitment process including, but not limited to, 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).