Internal Complaint Process Procedures

Persons wishing to file an appeal with the Merit Appeals Board (MAB) must first complete the Internal Complaint process. The Internal Complaint process may result in rapid resolution of complaints, without the necessity of a formal hearing by the MAB.

Obtain a copy of the Internal Complaint form from the following agencies, and file your complaint with the same agency, if you are:

**A Current State Employee:**

The Personnel Office of your department (for example: Department of Health Personnel Office if you are a DOH employee, etc.)

**An applicant for State employment other than a State employee:**

If you filed your employment application form with the Department of Human Resources Development (DHRD); you should obtain the Internal Complaint Form from DHRD and file your complaint with DHRD at:

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

You may call (808) 587-1100 to have a copy of the form mailed to you.

- **Important Note:** If you filed your application with another State Department (rather than DHRD), you should obtain an Internal Complaint Form from that same office.

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**Merit Appeals Board**

Additional information on the Merit Appeals Board can be found on the Internet. If you do not have access to the internet at home or at your office, you may use the computers at your public library to review these materials:


**Statutes:** [http://www.capitol.hawaii.gov/hrscurrent/Vol02_Ch0046-0115/HRS0076/](http://www.capitol.hawaii.gov/hrscurrent/Vol02_Ch0046-0115/HRS0076/)  
(Relevant statutes are found in Chapter 76, Sections 14 and 47)
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: ____________________________ (Work)
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 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:
   
a. 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).