

**State of Hawai'i  
Department of Human Resources Development**

**GRIEVANCE PROCEDURES  
UNDER THE AMERICANS WITH DISABILITIES ACT**

These Grievance Procedures are established to meet the requirements of the Americans with Disabilities Act of 1990 (ADA). It may be used by anyone who wishes to file a complaint alleging discrimination based on disability in the provision of services, activities, programs, or benefits by the State of Hawai'i Department of Human Resources Development (DHRD). [DHRD Policy and Procedure 601.001](#), rather than these Grievance Procedures, governs employment-related complaints of disability discrimination and applies to applicants for State jobs, State employees, and individuals providing services to the State on a non-paid basis (e.g. volunteers, interns).

Under this Grievance Procedure, complaints should be made in writing and contain the complainant's name, address, phone number, and email address, as well as a summary of the incident/issue, including the date, location, names of involved individuals, and any other relevant information. The Grievance Form below may be used to submit complaints. Alternative means of filing complaints, such as interviews or audio recordings of complaint, will be made available for persons with disabilities upon request.

The complainant or his/her/their designee should submit the written complaint as soon as possible but no later than 180 calendar days after the alleged violation to the DHRD ADA Coordinator, Signe Nakamura-Dureza, by email or mail:

Email: [signe.r.nakamura-dureza@hawaii.gov](mailto:signe.r.nakamura-dureza@hawaii.gov)

Mail: Department of Human Resources Development  
Attn: ADA Coordinator  
235 S. Beretania St., Ste. 1003  
Honolulu, HI 96813

Within 30 calendar days after receipt of a complaint, the DHRD ADA Coordinator or designee will respond in writing and, where applicable, in a format accessible to the complainant. The response will explain DHRD's position and offer options for substantive resolution of the complaint. If the response does not satisfactorily resolve the issue, the complainant/designee may appeal the decision to the DHRD Director or his/her/their designee within 15 calendar days after receipt of the response. Within 30 calendar days after receipt of the appeal, a meeting will be scheduled with the DHRD Director/designee to discuss the complaint and possible resolutions. Within 30 days after the meeting, the DHRD Director/designee will issue a final resolution of the complaint in writing and, where applicable, in a format accessible to the complainant.

DHRD will retain any documents relating to complaints received under this Grievance Procedure for at least three years.

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**ADA TITLE II GRIEVANCE FORM**

Individuals may use this form to submit complaints regarding the accessibility of DHRD's programs, services, or activities as described above in the Grievance Procedure. Completed forms may be submitted by email or mail to the DHRD ADA Coordinator.

**Email:**        [signe.r.nakamura-dureza@hawaii.gov](mailto:signe.r.nakamura-dureza@hawaii.gov)

**Mail:**        Department of Human Resources Development  
                  Attn: ADA Coordinator  
                  235 S. Beretania Street, Ste. 1003  
                  Honolulu, HI 96813

**Complainant Information**

First & last name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

**Summary of Complaint** *(provide date, time, location, names of involved individuals, and any other relevant information)*

**Requested Resolution** *(describe preferred corrective action or remedy sought)*