

SAMPLE COMPLAINT FORM

Attachment A

**UNIVERSITY OF HAWAI'I**  
**Discrimination Complaint Form**      **Case No.**

**Complainant's Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

\_\_\_\_\_

**Work Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

\_\_\_\_\_

**Complainant's Status:**       Student       Applicant for Admission  
    Employee       Job Applicant

**Type of Complaint:**       Informal       Formal

**Basis of the Complaint:**

- Age \_\_\_\_\_  Ancestry \_\_\_\_\_  Arrest & Court Record
- Color \_\_\_\_\_  Disability \_\_\_\_\_  Marital Status
- Veteran Status \_\_\_\_\_  National Origin \_\_\_\_\_  Gender \_\_\_\_\_
- Religion \_\_\_\_\_  Sexual Harassment  Sexual Orientation
- Race                       Retaliation (for discrimination cases only)

**Name of the Alleged Respondent:** \_\_\_\_\_

**Department or Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

\_\_\_\_\_

**Date, time, and place of the first incident:** \_\_\_\_\_

\_\_\_\_\_

**Date, time, and place of the last incident:** \_\_\_\_\_

\_\_\_\_\_



**Witnesses**

Did anyone witness the incidents of discrimination? If so, list their names and include phone numbers and addresses, if known. Briefly state what information each witness will be able to provide.

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**Previous Assistance**

Have you have sought assistance in resolving your complaint from another source? If yes, please describe:

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**Complainant's Authorization**

I understand that complete confidentiality cannot be maintained in the process of handling informal and formal complaints. I agree that this statement of allegations may be used during the investigation of the case. I further consent that this statement and certain information in the complaint file may be disclosed to the Respondent and appropriate administrators, among others in order to informally resolve my complaint, conduct fact finding, or implement remedial action. Information may also be disclosed if required by law, rule, regulation, or court order.

I affirm that this complaint statement is true, accurate, and complete to the best of my knowledge.

\_\_\_\_\_  
Signature of Complainant

\_\_\_\_\_  
Signature of Complaint Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**Nonretaliation Policy**

University policy as well as state and federal law prohibit retaliation against any person because s/he has filed a discrimination complaint or served as a witness in the complaint investigation. The nonretaliation policy is contained in the relevant complaint procedure, for example, UH Systemwide Administrative Procedure A9.920 or your campus sexual harassment complaint procedure. Complaints of retaliation constitute separate charges and will be handled in the same manner as discrimination complaints.

If you believe you have experienced retaliation, notify the appropriate investigating office as soon as possible.