



HONOLULU AUTHORITY for RAPID TRANSPORTATION

HART DISCRIMINATION COMPLAINT FORM

The purpose of this form is to assist you in filing a complaint with the Honolulu Authority for Rapid Transportation (HART). You are not required to use this form; a letter with the same information is sufficient. However, the information requested in the items marked with a star (*) must be provided, whether or not this form is used.

1. *State your name and address:

Name: _____

Address: _____

Telephone: Home: () _____ Work: () _____

2. *Person(s) discriminated against, if different from above:

Name: _____

Address: _____

Telephone: Home: () _____ Work: () _____

3. *Agency and department or program that has discriminated:

Name: _____

Any individual if known: _____

Address: _____

Telephone: () _____

4. *Non-employment: Does your complaint concern discrimination in the delivery of services or in other discriminatory actions in the department or agency in its treatment of you or others? If so, please indicate below the base(s) on which you believe these discriminatory actions were taken (e.g. "Race: African American" or "Sex: Female").

___	Race/Color	_____
___	National Origin	_____
___	Sex	_____
___	Religion	_____
___	Age	_____
___	Disability	_____

*Employment: Does your complaint concern discrimination in employment by the department or agency? If so, please indicate below the base(s) on which you believe these discriminatory actions were taken (e.g., "Race: African American" or "Sex: Female").

___	Race/Color	_____
___	National Origin	_____
___	Sex	_____
___	Religion	_____
___	Age	_____
___	Disability	_____

5. What are the most convenient time and place for us to contact you about this complaint? _____

If we will not be able to reach you directly, you may wish to give us the name and phone number of a person who can tell us how to reach you and/or provide information about your complaint.

Name: _____

Telephone () _____

6. If you have an attorney representing you concerning the matters raised in this complaint, please provide the following:

Name: _____

Address: _____

Telephone: () _____

7. *To your best recollection, on what date(s) did the alleged discrimination take place?

Earliest date of discrimination: _____

Most recent discriminations: _____

15. Have you filed or do you intend to file a charge or complaint concerning the matters raised in this complaint with any of the following?

- U.S. Equal Opportunity Commission
- Federal or State Court
- Hawaii Civil Rights Commission
- Grievance or complaint office

16. If you already filed a charge or complaint with an agency indicated in #15, above, please provide the following information (attach additional pages if necessary):

Agency: _____
Date Filed: _____
Case or Docket Number: _____
Date of Trial/Hearing: _____
Location of Agency/Court: _____
Name of Investigator: _____
Status of case: _____

Comments:

***We cannot accept a complaint if it has not been signed. Please sign and date this complaint form below.**

Signature

Date

Please feel free to add additional sheets to explain the present situation to us. We will need your consent to disclose your name, if necessary, in the course of any investigation. Therefore, we will need a signed Complainant Consent/Release Form from you. If you are filing this complaint for a person whom you allege has been discriminated against, we will in most instances need a signed Complainant Consent/Release Form from that person. Please mail the complete, signed Discrimination Complaint Form and the signed Complainant Consent/Release Form (please make one copy of each for your records) to:

Honolulu Authority for Rapid Transportation
Charles Bayne, EEO Officer
1099 Alakea Street, Suite 1700
Honolulu, HI 96813
(808) 768-6223



HONOLULU AUTHORITY for RAPID TRANSPORTATION

HART COMPLAINANT CONSENT/RELEASE FORM

Your Name: _____

Address: _____

Please read information below, initial the appropriate space, and sign and date this form on the lines at the bottom of this form.

As a complainant, I understand that in the course of a preliminary inquiry or investigation it may become necessary for the Honolulu Authority for Rapid Transportation (HART) to reveal my identity to persons at the organization or institution under investigation. I am also aware of the obligations of HART to honor requests under the Freedom of Information Act. I understand that it might be necessary for HART to disclose information, including personally identifying details, which it has gathered as a part of its preliminary inquiry or investigation of my complaint. In addition, I understand that as a complainant I am protected by federal regulations from intimidation or retaliation for having taken action or participated in action to secure rights protected by nondiscrimination statutes enforced by the federal government.

CONSENT/RELEASE

Initial on the above
if you give consent

CONSENT GRANTED: I have read and understand the above information and authorize HART to reveal my identity to persons at the organization or institution under investigation and to other Federal agencies that provide Federal financial assistance to the organization or institution or also have civil rights compliance oversight responsibilities that cover that organization or institution. I hereby authorize HART to receive material and information about me pertinent to the investigation of my complaint. This release includes, but is not limited to, applications, case files, personal records, and medical records. I understand that the material and information will be used for authorized civil rights compliance and enforcement activities. I further understand that I am not required to authorize this release and I do so voluntarily.

Initial on the above
if you deny consent

CONSENT DENIED: I have read and understand the above information and do not want HART to reveal my identity to the organization or institution under investigation, or to review, receive copies of, or discuss material and consent information about me, pertinent to the investigation of my complaint. I understand that this is likely to make the investigation of my complaint and getting all the facts more difficult and, in some cases, impossible, and may result in the investigation being closed.

Signature

Date