

Complaint Case File Number: \_\_\_\_\_

Report Date/Time: \_\_\_\_\_

**UNIVERSITY OF HAWAI'I - KAPI'OLANI COMMUNITY COLLEGE  
COMPLAINT FORM**

Purpose: To obtain clear and concise information on an alleged act(s) of discrimination, workplace violence, and unacceptable/inappropriate behavior involving Kapi'olani Community College employees, students, applicants for admission or employment, or visitors. The information gathered will include, but not be limited to, the basis of the allegation(s); the facts and circumstances surrounding the reported incident(s); the individuals (e.g., complainant, respondent, witnesses) involved; and a statement of allegation; and relevant case evidence and documents. This form also provides information on confidentiality and retaliation pertaining to the complaint or involvement in the complaint process.

Routine Use: The information provided will be used to determine if a violation of Federal/State/UH policy, directives, or procedures may have occurred, fix responsibility, and, if necessary, possible corrective or remedial actions

Disclosure: Disclosure of requested information is voluntary. However, failure to provide the requested information may impede the timely and complete complaint investigation, adversely prevent the determination of possible proscribed behavior, and preclude the development and implementation of corrective action or resolutions.

Applicable Directives: University of Hawaii (UH) Administrative Procedures Manual A9.920, Discrimination Complaint Procedure for Employees, Students, and Applicants for Employment or Admission, August 2002; E1.204, Interim Policy on Sex Discrimination and Gender-Based Violence, October 2015; A9.910, Reporting Procedures for Employment Discrimination Complaints, January 1983; E9.210, Workplace Non-Violence, October 2014; collective bargaining agreements where applicable; and other relevant complaint and grievance procedures .

**COMPLAINANT'S NAME:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**HOME TELEPHONE:** \_\_\_\_\_ **E-MAIL ADDRESS:** \_\_\_\_\_

**WORK ADDRESS:** \_\_\_\_\_

**WORK TELEPHONE:** \_\_\_\_\_ **CELLULAR:** \_\_\_\_\_

**COMPLAINANT'S STATUS:**     \_\_\_ Student                     \_\_\_ Applicant for Admission  
                                   \_\_\_ Employee                     \_\_\_ Job Applicant  
                                   \_\_\_ Other: \_\_\_\_\_

**COMPLAINT TYPE:**   \_\_\_ **INFORMAL**       \_\_\_ **FORMAL**

**BASIS OF COMPLAINT:**

- |                           |                        |                     |
|---------------------------|------------------------|---------------------|
| ___ Race                  | ___ Gender             | ___ Age             |
| ___ Religion              | ___ Color              | ___ National Origin |
| ___ Ancestry              | ___ Disability         | ___ Marital Status  |
| ___ Arrest & Court Record | ___ Sexual Orientation | ___ Veteran Status  |
| ___ Sexual Harassment     | ___ Workplace Violence | ___ Retaliation     |
| ___ Academic Grievance    | ___ Other: _____       |                     |

**APPLICABLE POLICIES/PROCEDURES:** Completed by College EEO/AA Coordinator.

**NAME OF ALLEGED RESPONDENT(S):**

**RESPONDENT'S CONTACT INFORMATION** (Address/Department, Telephone, Email)

**FIRST INCIDENT** (Date/Time/Place)

**LAST INCIDENT** (Date/Time/Place):

**STATEMENT:** Describe the incident(s) provide as much detail as you can recall, including who said/did what to whom, when and where the events occurred (i.e., circumstances), and your response and that of the alleged respondent. Specify the nature of discriminatory behavior or action (e.g., promotion denial, harassment, discharge, differential treatment), and why you believe such conduct or treatment was discriminatory. Attach additional pages, if necessary.

Check here if additional pages are attached and indicate the number of pages: \_\_\_\_\_

**WITNESS(ES):** Did anyone see or hear the incident of discrimination? If so, list their names, and include telephone numbers and addresses, if known. Briefly state what information each witness will be able to provide. Attach additional pages if necessary.

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

\_\_\_ Check here if additional pages are attached and indicate the number of pages: \_\_\_\_\_

**DOCUMENTATION:** List and/or attach copies of any documents or material relevant to the complaint. For each item, briefly explain why it is relevant. Attach additional pages if necessary.

\_\_\_ Check here if additional pages are attached and indicate the number of pages: \_\_\_\_\_

**OTHER ASSISTANCE:** Have you sought assistance from other sources in resolving your complaint? If yes, please describe:

**CORRECTIVE/REMEDIAL ACTION:** What (corrective or remedial action) would resolve this situation for you?

**COMPLAINANT'S AUTHORIZATION:** I understand that complete confidentiality cannot be maintained in the process of handling informal or 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 investigate my allegations, resolve my complaint, and/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.**

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

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Signature of Complaint/Intake Official \_\_\_\_\_ Date \_\_\_\_\_

**NONRETALIATION POLICY:** University policy, as well as State and Federal law, prohibits retaliation against any person because s/he has filed a discrimination complaint or serves as a witness in the complaint investigation. The nonretaliation policy is contained in the relevant complaint procedure, for example, UH 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 complaint or investigating office as soon as possible.

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

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Signature of Complaint/Intake Official \_\_\_\_\_ Date \_\_\_\_\_

COLLEGE USE ONLY	
Division Chair/Unit Head:	_____
Administrator	_____
Investigating Official:	_____
Decision Maker:	_____
Appeal Authority:	_____