**STATE OF HAWAI'I**
DEPARTMENT OF EDUCATION

DEPARTMENT OF EDUCATION
**HAWAI'I ADMINISTRATIVE RULES**
**TITLE 8, CHAPTER 19**
# COMPLAINT FORM

## COMPLAINANT INFORMATION

| Last Name | First Name | Middle Name | |
|---|---|---|---|
| Number and Street | City | State | Zip |
| Home Phone ( ) | Work Phone ( ) | | |
| School/Office | Complex Area | | |

## ALLEGED VICTIM(S)

| Name | Address | Phone Number |
|---|---|---|
| Name | Address | Phone Number |

## COMPLAINANT STATUS (Check Applicable Box)

❑ Student ❑ Parent ❑ Legal Guardian ❑ Staff ❑ Other (Specify) _____

## ALLEGED STUDENT OFFENDER(S) (If Known)

| Name | Grade | School |
|---|---|---|
| Name | Grade | School |
| Name | Grade | School |

## BASIS OF COMPLAINT (Check Applicable Box)

❑ Discrimination ❑ Harassment (including Sexual Harassment) ❑ Retaliation ❑ Bullying

Date(s) of Incidents ___/___/___ ___/___/___ ___/___/___ Injury/Harm ❑ Yes ❑ No

## COMPLAINT SUMMARY (Identify: Who, What, When, Where, and Injury/Harm)

(Additional pages and attachments may be submitted with this complaint form)

## WITNESS INFORMATION (Provide Names of Witnesses)

| Name | ❑ Student ❑ Adult | Address/Organization | Phone |
|---|---|---|---|
| Name | ❑ Student ❑ Adult | Address/Organization | Phone |
| Name | ❑ Student ❑ Adult | Address/Organization | Phone |

**Statement: The information provided above is truthful and correct to the best of my knowledge.**

Principal or Designee: Date Received By

_____ ___/___/___
Complainant's Signature Date

Received by:

_____ ___/___/___
Principal or Designee Date



In accordance with the Americans with Disabilities Act and other applicable state and federal laws, if you require reasonable accommodations due to a disability, please contact a supervisor, principal, complex area superintendent, or assistant superintendent.

RS 20-0836, January 2020 (Rev. of RS 20-0759)