**State of Hawaii**

**The Department of Business, Economic Development and Tourism**

**Americans with Disabilities Act – Title II**

**Grievance Form**

COMPLAINANT INFORMATION

LAST NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FIRST NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MIDDLE INITIAL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COMPLAINT SUMMARY

(Provide details of date, time, place, people involved, witnesses and circumstances):

REQUESTED REMEDY

(Provide corrective action or remedies you are seeking):

The information provided above is truthful and accurate to the best of my knowledge.

Complainant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mail To:

State of Hawaii - The Department of Business, Economic Development and Tourism

Human Resources Office

Attn: Steven Sung

P.O. Box 2359

Honolulu, HI 96804