



DEPARTMENT OF TRANSPORTATION SERVICES
CITY AND COUNTY OF HONOLULU

650 SOUTH KING STREET, 3RD FLOOR
HONOLULU, HAWAII 96813

Phone: (808) 768-8305 • Fax: (808) 768-4730 • Internet: www.honolulu.gov

COMPLAINT FORM

Information/Instruction

The City and County of Honolulu, Department of Transportation Services, and Oahu Transit Services are committed to ensuring that no person is discriminated against while using TheBus or TheHandi-Van services as prohibited by **Title VI, Civil Rights Act, 1964**. "No person in the United States shall, on the grounds of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance."

Please provide the following information necessary in order to process your complaint. Assistance is available upon request, TheBus 768-8374 and TheHandi-Van 768-8300. Complete this form and mail or deliver to: City and County of Honolulu, Department of Transportation Services, Public Transit Division, 650 South King Street, 3rd Floor, Honolulu, HI 96813.

Section I		
Name of Complainant:		
Address:		
Telephone (Home):	Telephone (Work):	
Electronic Mail Address:		
Accessible Format Requirements?	<input type="checkbox"/> Large Print	<input type="checkbox"/> Audio Tape
	<input type="checkbox"/> TDD	Other:
Section II		
Are you filing this complaint on your own behalf?	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
*If you answered "yes" to this question, go to Section III.		
If not, please supply your name and relationship to the person for whom you are complaining:		
Please explain why you have filed for a third party:		
Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Section III		
I believe the discrimination I experienced was based on (check all that apply): <input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin		
Date of Alleged Discrimination (Month, Day, Year): _____		
Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as		

names and contact information of any witnesses. If more space is needed, please use additional sheets.

Section IV

Have you previously filed a complaint with this agency? Yes No

Section V

Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court? Yes No

If yes, check all that apply and list names:

Federal Agency: _____
 Federal Court: _____ State Agency: _____
 State Court: _____ Local Agency: _____

Please provide information about a contact person at the agency/court where the complaint was filed.

Name: _____

Title: _____

Telephone: _____

Agency: _____

Address: _____

Section VI

Name of agency complaint is against: _____

Contact person: _____

Title: _____

Telephone: _____

You may attach any written materials or other information that you think is relevant to your complaint.

Signature and date required below

Signature

Date