

**Internal Complaint Form**

Please type or write clearly in ink for each item below. Attach additional pages if necessary.

**COMPLAINANT INFORMATION**

Name: \_\_\_\_\_ Bargaining Unit: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Phone Number: (Personal) \_\_\_\_\_ (Work) \_\_\_\_\_  
 If currently or formerly employed by the State:  
 Position Number & Title: \_\_\_\_\_  
 Division/Branch/Section: \_\_\_\_\_

**REPRESENTATIVE'S NAME, ADDRESS, AND TELEPHONE NUMBER (if any)**

A complainant may authorize a representative to act on his/her behalf. The Department must be notified of any changes in representation.

**TYPE OF COMPLAINT:**

- Recruitment
- Examination (Including Initial Probation)
- Classification/Reclassification (Attach DHRD Form 259)
- Initial Pricing of Classes (Attach DHRD Form 276)
- Other Employment Action Adversely Affecting Civil Service Employees (Excluded)
- Other Adverse Employment Action That Cannot be Addressed through the Collective Bargaining Process

**A. Cite the specific personnel law, rule, or written policy which you allege has been misinterpreted, misapplied, or violated.**

**B. Provide a complete statement of facts to support your allegation, including specific dates and how you were adversely affected. Attach copies of any supportive documents (e.g. copy of policy alleged to have been violated, written statements from witnesses, and other similar documents).**

**C. Remedy Sought. How can this complaint be resolved?**

\_\_\_\_\_  
**Complainant's or Representative's Signature**

\_\_\_\_\_  
**Date**

Submit the signed complaint form and any additional documents to:  
 Departmental Human Resources Officer, Department of Agriculture, 1428 South King Street, Honolulu, Hawaii 96814-2512  
 Telephone: (808) 973-9480

**FOR OFFICE USE ONLY**  
 Date Received:

**Receipt verified by:**