

DEPARTMENT OF EDUCATION  
HAWAII ADMINISTRATIVE RULES  
TITLE 8, CHAPTER 19  
CIVIL RIGHTS HARASSMENT COMPLAINT PROCEDURES FOR  
STUDENT(S) COMPLAINT AGAINST OTHER STUDENT(S)

According to Chapter 19, the definition of Harassment means:

“Harassment” means a student who is harassing, bullying, including cyberbullying, annoying, or alarming another person by engaging in the following conduct which includes but is not limited to:

- (1) Striking, shoving, kicking, or otherwise touching a person in an offensive manner or subjecting such person to offensive physical contact;
- (2) Insulting, taunting, or challenging another person in a manner likely to provoke a violent response;
- (3) Making verbal, or non-verbal expressions that causes others to feel uncomfortable, pressured, threatened, or in danger because of reasons that include but are not limited to the person’s race, color, national origin, ancestry, sex, including gender identity and expression, religion, disability, or sexual orientation that creates an intimidating, hostile, or offensive educational environment, or interferes with the education of a student, or otherwise adversely affects the educational opportunity of a student or students;
- (4) Name calling, making rude gestures, insulting, or teasing another person who feels humiliated, intimidated, threatened, or embarrassed;
- (5) Making a telephone call without purpose of legitimate communication;
- (6) Making repeated communications anonymously, or at extremely inconvenient hours, or in offensively coarse language on campus or, other department of education premises, on department of education transportation, or during a department of education sponsored activity or event on or off school property;
- (7) Causing fear as to prevent others from gaining legitimate access to or use of school buildings, facilities, services, or grounds such as, but is not limited to, restroom facilities; or
- (8) Physically harming, physically restraining, threatening, or stalking, or a combination of the foregoing.

A student who believes that he/she was harassed, bullied, cyberbullied, annoyed, or alarmed by another student based on the above protected classes is encouraged to immediately inform his or her teacher or administrator. Documentation, including witness names and contact information, as well as other relevant information should be provided with the complaint, if available.

### **Procedures for Filing a Complaint**

A student, parent or legal guardian, or staff on behalf of a student may file a complaint on the attached form. If the student, parent or legal guardian, or staff choose not to use the form, the complaint should nevertheless be accepted by the principal or designee, and an immediate investigation should be initiated.

### **Actions Taken**

1. Based on the provisions of Chapter 19, the principal or designee shall, in a timely manner, conduct and complete an investigation, if warranted, relating to allegation(s) of discriminatory harassment.
2. The principal or designee shall document all complaints in writing and enter the information into the electronic Comprehensive Student Support System (eCSSS) database.
3. The principal or designee shall ensure that appropriate follow-up resolution and interventions are provided. Pursuant to Chapter 19 procedures, counseling shall be provided for any student found in violation of the chapter, in addition to other positive behavioral and student support interventions.

SEE COMPLAINT FORM ON INSIDE BACK COVER



STATE OF HAWAII  
DEPARTMENT OF EDUCATION

DEPARTMENT OF EDUCATION  
HAWAII ADMINISTRATIVE RULES  
TITLE 8, CHAPTER 19  
CIVIL RIGHTS COMPLAINT FORM

**COMPLAINANT INFORMATION**

|                |                     |            |                     |                |
|----------------|---------------------|------------|---------------------|----------------|
| <b>Name</b>    | Last Name           | First Name | Middle Name         |                |
| <b>Address</b> | Number and Street   |            | City                | State      Zip |
| <b>Phone</b>   | 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)**

Race                                     
  Religion                                     
  Retaliation  
 Color                                     
  National Origin                                     
  Physical/Mental Disability  
 Sex, Gender Identity & Expression                                     
  Sexual Orientation                                     
  Ancestry

Date(s) of Incidents    \_\_\_/\_\_\_/\_\_\_    \_\_\_/\_\_\_/\_\_\_    \_\_\_/\_\_\_/\_\_\_

**COMPLAINT SUMMARY (Identify: Who, What, When, and Where)**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(Additional pages may be submitted)

**WITNESS INFORMATION (Provide Names of Witnesses)**

|      |   |                      |       |
|------|---|----------------------|-------|
| Name | <input type="checkbox"/> Student <input type="checkbox"/> Adult | Address/Organization | Phone |
| Name | <input type="checkbox"/> Student <input type="checkbox"/> Adult | Address/Organization | Phone |
| Name | <input type="checkbox"/> Student <input type="checkbox"/> Adult | Address/Organization | Phone |

|  |  |
|--|--|
| Statement: The information provided above is truthful and correct to the best of my knowledge.   | Principal or Designee:<br>Date Received By |
| <p>_____ / ____ / ____<br/>Complainant's Signature                                      Date</p> <p>Received by:<br/>_____ / ____ / ____<br/>Principal or Designee                                      Date</p> |  |

COMPLAINT FORM



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.