



Agribusiness Development Corporation  
235 S. Beretania St., Suite 205  
Honolulu, HI 96813  
Phone: (808) 586-0186  
Email: dbedt.adc@hawaii.gov

## Non-Employee Discrimination Complaint Form

Section I:		
Name of Complainant (First and Last Name):		
Address:		
Telephone (Home):	Telephone (Work):	
Electronic Mail Address:		
Accessible Format Requirements?	Large Print <input type="checkbox"/>	Audio Tape <input type="checkbox"/>
	TDD <input type="checkbox"/>	Other <input type="checkbox"/>
Section II:		
Does the complainant have a representative?	Yes* <input type="checkbox"/>	No <input type="checkbox"/>
<i>*If you answered "yes" to this question, provide representative's contact information.</i>		
Name of Representative (First and Last Name):		
Address:		
Telephone (Home):	Telephone (Work):	
Electronic Mail Address:		
Please confirm that you have provided permission to the representative to represent you in this matter.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Section III:		

I believe the discrimination I experienced was based on (check all that apply):

Race  Color  National Origin  Sex  Age   
Disability  Retaliation  Other  \_\_\_\_\_.

**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 need, please use and attach separate sheet.

**Section III (continued):**

**Section IV:**

Describe the harm alleged to have occurred, or which will occur, because of the alleged discrimination. If more space is need, please use the back of this form or use and attach separate sheet.

**Section V:**

Identify the parties alleged to be subjected to, or potentially impacted by, the alleged discrimination.

**Section VI:**

Have you previously filed a discrimination complaint with this agency?

Yes

No

If yes, please provide any reference information regarding your previous complaint.

**Section VII:**

Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?

Yes  No

If yes, name all that apply:

Federal Agency:

Federal Court:

State Court:

State Agency:

Local Agency:

If yes, please provide information about a contact person at the agency/court where the complaint was filed.

Name:

Title:

Agency:

Address:

Telephone:

**Section VIII:**

Name of agency complaint is against:

Name of person complaint is against:

Title:

Location:

Telephone Number (if available):

You may attach any written materials or other information that you think is relevant to your Complaint. Your signature and date are required below.

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Signature of Complainant

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Date

Please submit this form in person at the address below, or mail this form to:

Mark Takemoto, Acting Non-Discrimination Coordinator  
Agribusiness Development Corporation  
235 S. Beretania St., Suite 205  
Honolulu, HI 96813

(808) 586-0181  
mark.h.takemoto@hawaii.gov

A complaint form can also be found online at:

<https://dbedt.hawaii.gov/adc/>

For Agribusiness Development Corporation employee complaints, please contact: ADC Office at (808) 586-0186 or email [dbedt.adc@hawaii.gov](mailto:dbedt.adc@hawaii.gov).

The Agribusiness Development Corporation is committed to providing meaningful access. To request translation, interpretation, modifications, accommodations, or other auxiliary aids or services, contact the ADC at (808) 586-0186 or email [dbedt.adc@hawaii.gov](mailto:dbedt.adc@hawaii.gov). Please allow sufficient time for ADC to meet accommodation requests.