

Section V:	
Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, name all that apply:	
Federal Agency: _____	Federal Court: _____
State Court: _____	State Agency: _____
Local Agency: _____	
Please provide information about a contact person at the agency/court where the complaint was filed.	
Name: _____	
Title: _____	
Agency: _____	
Address: _____	
Telephone: _____	
Section VI:	
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

Signature

Date

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

Arc of Maui County 140 N. Market Street Suite 202B Wailuku, Hawaii 96793

A copy of this form can be found online at: www.arcofmaui.org