

DATE:
TO: **Regional CEO/Designee (name and address)**
SUBJECT: **REQUEST FOR ADMINISTRATIVE REVIEW**

NAME OF COMPLAINANT: _____

(If you are presently employed by HHSC, please complete the blanks below.)

TITLE: _____ **POSITION NO:** _____

FACILITY: _____ **SECTION/UNIT:** _____

(If you are not presently employed by HHSC, please complete only the address information)

COMPLETE MAILING ADDRESS: _____

PHONE NO: _____

REASON FOR THE REQUEST: (Please specify the statute, rule or policy that is/has been violated and include the Position Title, Position and Recruitment Number(s).) Please attach another sheet if more space is needed.

REQUESTED ACTION:

The Complainant hereby certifies that the above circumstances exist and requests that the Regional CEO/Designee proceed under its proper authority pursuant to Chapters 76, Hawaii Revised Statutes, Rules and existing administrative processes to determine whether the facility's action should be sustained or whether relief should be granted.

Signature of Complainant

NOTES:

In order for this request to be heard through the Administrative Review process, the Complainant must complete and sign this form or submit a letter and any document(s) supporting the allegation within twenty (20) calendar days of the disputed action (e.g. date of the letter) to the above named individual at the address noted. A review will not be accepted or allowed to continue if this requirement is not met.

Responses will be mailed to Complainant's address that is listed on this form. It will be the responsibility of the Complainant to provide updated address information. HHSC will not pursue appeals if the Complainant does not have a current address on file.

An administrative review will not necessarily postpone the recruitment process and/or rescind a selection.