County of Hawai‘i
Mass Transit Agency
Title VI Notice

The Mass Transit Agency operates the Hele-On Bus and Hele-On Kako‘o Paratransit services without regard to race, color, and national origin in accordance with Title VI of the Civil Rights Act of 1964. Any person who believes that she or he has been mistreated by an unlawful discriminatory practice under Title VI must file a complaint within 180 days of the alleged occurrence to any of the following:

County of Hawai‘i - Mass Transit Agency
1266 Kamehameha Avenue, Room A-2
Hilo, Hawai‘i 96720
Phone No. (808) 961-8343

County of Hawai‘i – Department of Human Resources
Attention: ADA Coordinator
25 Aupuni Street
Hilo, Hawai‘i 96720
Phone No. (808) 961-8361

Hawai‘i State Department of Transportation
Office of Civil Rights
200 Rodgers Boulevard
Honolulu, Hawai‘i 96819
Phone No. (808) 831-7901

Federal Transit Administration
Office of Civil Rights
Attention: Title VI Program Coordinator
East Building, 5th Floor – TCR
1200 New Jersey Avenue
SE, Washington, DC 20590
The County of Hawai‘i Mass Transit Agency operates Hele-On Bus and Hele-On Kako‘o Paratransit services without regard to race, color and national origin in accordance with Title VI of the Civil Rights Act of 1964. Any person who believes that she or he has been aggrieved by any unlawful discriminatory practice under Title VI must file a complaint within 180 days of the alleged occurrence to any of the following by mail, in person, fax and/or email as explained at the end of the form.

Complainant’s Name: ____________________________________________________________
Address: _____________________________________________________________________
City: ____________________ State: __________ Zip Code: __________
Telephone No. (Home):______________ (Business/Cell): ________________________

Person discriminated against (if other than complainant)

Name: _____________________________________________________________________
Address: ___________________________________________________________________
City: ____________________ State: __________ Zip Code: __________

What was the discrimination based on? (check all that apply)

Race ____________________
Color ____________________
National Origin _____________
Date of Incident: ____________

Please describe in detail how you were discriminated against. Name any individual(s) who was responsible. Attach additional sheets of paper if additional space is needed.
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
Was this complaint filed with another Federal, State, or local agency; or with a Federal or State Court?  

_____ Yes  _____ No  

If YES, please indicate the agency:

_____ Federal Agency  _____ Federal Court  _____ State Agency
_____ State Court  _____ Local Agency  _____ Other (list) ___________________________

Provide contact person information for the agency you also filed the complaint with:

Name: ______________________________________________________________________
Address:    _____________________________________________________________________
City:      ____________________    State: ______________    Zip Code:  ______________
Date Filed:  ____________________

Please sign the complaint and attach any supporting documents.

_______________________________________  ______________________________
Complainant’s Signature              Date

Mail, fax, email or deliver completed form to:

• County of Hawai’i Mass Transit Agency  
  1266 Kamehameha Avenue, Suite A-2, Hilo, HI 96720  
  Telephone: (808) 961-8744, Fax: (808) 961-8745  
  email: heleonbus@hawaiicounty.gov

• County of Hawai’i Department of Human Resources  
  Attn: Equal Opportunity Officer  
  101 Pauahi Street, Suite 2, Hilo, HI 96720  
  Telephone: (808) 961-8361, Fax: (808) 961-8617  
  email: teri.spinolacampbell@hawaiicounty.gov.

• Hawai’i State Department of Transportation, Office of Civil Rights  
  200 Rodgers Boulevard  
  Honolulu, HI 96819  
  Telephone: (808) 831-7901

• Federal Transit Administration, Office of Civil Rights  
  Attn: Title VI Program Coordinator  
  East Building, 5th Floor-TCR  
  1200 New Jersey Ave, SE Washington, DC 20590

If transit-related information is needed in another language, interpreter services are available by contacting the County of Hawai’i Mass Transit Agency at (808) 961-8744.