

**STATE OF KANSAS
KANSAS HUMAN RIGHTS COMMISSION**

**LANDON STATE OFFICE BUILDING
900 SW JACKSON STREET
SUITE 568 SOUTH
TOPEKA, KANSAS 66612-1258
(785) 296-3206
FAX (785) 296-0589
TDD (785) 296-0245**

YOU MAY FILE A CHARGE

You have contacted the Kansas Human Rights Commission to seek help concerning possible discrimination in employment. We will ask you many questions about what happened to you, about how others were treated, about dates, the size of the employer, and other matters. What you tell us is very **IMPORTANT** so please be specific in your answers.

First, we will have to establish whether we believe that the law permits us to work on your problem; that is, we must try to find out whether we have **JURISDICTION** (authority) under the law. If it is clear, based upon what you tell us, that we **DO NOT** have jurisdiction, we may not be able to accept and investigate your complaint, and we will so inform you.

If you are under 18 years of age, a parent or guardian may file for you.

I have read **YOU MAY FILE A CHARGE**.

SIGNED: X _____ DATE: _____

(FOR KHRC USE ONLY)
WALK-IN: ___ YES ___ NO
DATE: _____

3. The Kansas Human Rights Commission can ONLY investigate complaints based on the following: Check ONLY those that apply to your allegations of discrimination.

- Race _____ National Origin _____
(Specify Race) (Specify where you were born, if outside USA)
- Color _____ Ancestry _____
(Specify your Ethnic Group, i.e. Mexican, Indian)
- Sex _____ Religion _____
(Specify your Sex) (Specify Your Denomination)
- Age _____ Disability _____
(Specify your Disability)
- Retaliation

4. Are you now employed by the company, agency, etc.? Yes No

5. Does your employer have more than four (4) employees? Yes No

6. Did the alleged act(s) of discrimination take place in the State of Kansas?
Yes No

7. Did the alleged act(s) of discrimination occur on a federal reservation or military post? Yes No

8. Is the organization, company, agency, etc., an agency or branch of the federal government? Yes No

9. Is/was your relationship with the organization, company, agency, etc., that of an Independent Contractor? (i.e. were you contracted to do specific work, rather than being a regular employee)
Yes No If yes, please explain _____

10. Have you filed a previous charge against this organization, company, agency, etc., with this Agency?
Yes No If so, the date filed _____ Docket No. _____

11. Have you filed a charge of employment discrimination about the allegations you are presenting in this questionnaire with the Equal Employment Opportunity Commission? Yes No
If you answered yes, please provide the charge number and the date filed:

12. Have you signed a job application, contract or other document which requires you to submit employment controversies with the company to arbitration? _____

13. Do you know of anyone who was treated more favorably than you in a similar situation? Yes No

If yes, please provide the following information:

Names of Individuals _____

Job Title of Individuals _____

How were they treated more favorably? _____

14. Do you have any written documentation to support your allegations?

Yes No If yes, describe this written documentation.

15. Have you attempted to resolve this matter with management or your Union?

Yes No

If Yes, with whom? _____ On what date? _____

Name: _____ Title: _____

Please explain what happened. _____

16. Why do you feel that the personnel action or other discrimination you have experienced was because of your race, color, sex, religion, national origin, age or disability?

17. Are you aware of statements made by management officials revealing bias against you? Yes No If yes, did these statements pertain to: Race Color Sex National Origin Religion Age Disability Ancestry Retaliation

Specify what statements were made: _____

Who made them? _____

When were they made? _____

Where were they made? _____

Who witnessed these statements being made?

Name: _____ Job Title: _____

Name: _____ Job Title: _____

List all the dates you feel you were discriminated against. Start with the most recent and work back from that date. State the date and give an explanation of what occurred on that date. Please indicate a date for each incident or series of incidents. **THERE MUST NOT BE MORE THAN SIX (6) MONTHS BETWEEN ANY TWO DATES OF INCIDENT.** (Please use additional sheets of paper, if necessary.)

Date _____

What Happened

Date _____

What Happened

Date _____

What Happened

Date _____

What Happened

Date _____

What Happened

I declare under the penalty of perjury that the information provided in this questionnaire is true and correct.

Signature _____ Date _____

CONTACTS

Please give the names of two (2) individuals who are able to contact you in the event this office is unable to locate you. MAKE SURE THEIR MAILING ADDRESS AND PHONE NUMBER IS DIFFERENT THAN YOURS. IF WE ARE UNABLE TO CONTACT YOU, YOUR COMPLAINT MAY BE ADMINISTRATIVELY CLOSED.

Name _____

Address _____ Apt. No. _____

City _____ State _____ Zip Code _____

Phone Number _____

Name _____

Address _____ Apt. No. _____

City _____ State _____ Zip Code _____

Phone Number _____

LIST OF WITNESSES

Please provide our office with a list of persons who can give testimony or evidence relating to your complaint. **NOTE: Do not list "character witnesses". List only those individuals with actual knowledge of facts relevant to your complaint.**

Name _____

Address _____
(Street) (City) (State and Zip Code)

Phone Number _____

Testimony or evidence this witness can provide relating to your complaint:

Name _____

Address _____
(Street) (City) (State and Zip Code)

Phone Number _____

Testimony or evidence this witness can provide relating to your complaint:

Name _____

Address _____
(Street) (City) (State and Zip Code)

Phone Number _____

Testimony or evidence this witness can provide relating to your complaint:
