

**STATE OF KANSAS
KANSAS HUMAN RIGHTS COMMISSION**

**LANDON STATE OFFICE BUILDING
900 SW JACKSON STREET
SUITE 851 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 housing. We will ask you many questions about what happened to you, about how others were treated, about dates, 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: _____

<p>(FOR KHRC USE ONLY) WALK-IN: ___ YES ___ NO DATE: _____</p>
--

KANSAS HUMAN RIGHTS COMMISSION COMPLAINT INFORMATION SHEET

FOR INFORMATION PURPOSES ONLY

Housing NOTES

If additional paper is used to answer any of the questions on this questionnaire, please indicate the number of the question you are answering.

PLEASE PRINT OR TYPE

1. Your Name (Mr./Ms.) _____
Address _____ Apt. No. _____
City _____ State _____ Zip Code _____
Home Phone Number _____ Cell Phone Number _____
Email _____ Soc. Sec. Number _____
Sex: Male Female Date of Birth _____

2. Give the full legal name of the organization, company, agency, etc., that you feel discriminated against you. It is extremely important that the address shown is accurate as an incorrect address may result in your complaint not being processed. Please include verification of the name by either a business card or letterhead.

Business Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Email _____

- a. Respondent individual _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Email _____

- b. Respondent individual _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Email _____

3. Move in date: _____ Month-to-Month or yearly lease: _____

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

Race _____
(Specify Race)

National Origin _____
(Specify where you were born, if outside USA)

Color

Ancestry _____
(Specify your Ethnic Group (i.e. Mexican, Indian))

Sex _____
(Specify your Sex)

Religion _____
(Specify Your Denomination)

Familial Status

Disability _____
(Specify your Disability)

5. Is the Respondent Individual: **Builder** **Owner** **Supt/Manager**
 Banker/Lender **Real Estate Agent** **Other** _____

6. Is the structure: **Single Family** **2-4 Families** **more than 4**

7. Does the landlord live there? **Yes** **No**

a. If Yes, are there more than 4 apartments/units? **Yes** **No**

8. Was the property being: **Sold** **Rented** **Improved**

a. Is the property located in Kansas? **Yes** **No**

9. Is the property handicapped accessible (disability only)? **Yes** **No**

10. What are the ages of the Complainant's children (familial status only)?

11. Address of the property involved: _____

12. Is the property owned by HUD or any other federal entity? **Yes** **No**

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. Incidents must have occurred within the past one (1) year (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:
