

STATE OF KANSAS

KANSAS HUMAN RIGHTS COMMISSION

We are providing this complaint form, instructions, and supplemental information form as a service to the public. However, we encourage individuals wishing to file complaints with the Kansas Human Rights Commission (KHRC) that fall within the jurisdiction of the Kansas Act Against Discrimination and/or the Kansas Age Discrimination in Employment Act to contact our Intake Unit. Intake staff can draft a complaint for you. Intake staff can be reached at (785) 296-3206, toll free at 1-888-793-6874, or at (TDD) (785) 296-0245 during State of Kansas workdays from 8:00 a.m. to 5:00 p.m.

If you wish to start the employment complaint intake process at a time when KHRC offices are closed, we provide a quick and easy on-line questionnaire. It is available on our main webpage at www.khrc.net. Scroll down to the red link of "Interested in filing an employment complaint? Start the process an online questionnaire. Click here."

Instructions

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

Part 1 Instructions: Selecting Base(s) (Protected Classes):

Please select the base(s) (protected classes) that you feel best describes the reason(s) for the alleged discriminatory action(s) and/or harassment by doing the following:

- Please check the box(es) beside the Kansas Act Against Discrimination and/or the Kansas Age Discrimination in Employment Act. Age is only for employment complaints and when the Complainant is age 40 years old or older. Please complete the fillable box for your age if applicable.
- If you are filing under the Kansas Act Against Discrimination for an employment, housing or public accommodations complaint, please check one or more of the bases (protected classes). Sex includes gender and pregnancy, but does not include sexual orientation or gender identity. Genetic Information is only for employment complaints. Familial Status (having children or grandchildren under the age of 18 live with you) is only for housing complaints. Depending upon which bases (protected classes) you select, there may be either a drop down box or a fillable box beside the basis to provide additional information.

Part 2 Instructions: Alleged Date(s) of Incident(s): The alleged incident(s) must have occurred in the last six months for employment and public accommodation complaints. If there are multiple incidents, they must not be more than six months apart. For housing complaints, the last alleged incident(s) must have occurred within the last year.

Part 3 Instructions: Charges Based on the Following Facts: Please provide a description of the adverse action(s) or the harassment that you allege has occurred due to the base(s) you selected. Please provide the title(s) of the person(s) you allege discriminated against you or harassed you. Please list your job title and when you were hired if this is an employment complaint.

Please date and sign the complaint on the line marked by an "X".

Submit Your Signed Complaint and Supplemental Information to the Kansas Human Rights Commission:

By e-mail to khrc.intake@ks.gov, by facsimile to (785) 296-0589, or by mail to:

Kansas Human Rights Commission
Attn: Intake Unit
900 S.W. Jackson, Suite 568S
Topeka, Kansas 66612

If you choose to submit a copy of a signed complaint by e-mail, facsimile, or mail, you are expected to retain the original, signed complaint in your records for production to the KHRC upon request.

STATE OF KANSAS
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DOCKET NO.

On the complaint of

(Complainant's Full Legal Name)

Complainant,

vs.

Respondent,

_____ and its Representatives

(Respondent's Full Legal Name)

I, _____, residing at _____

(Complainant's Full Legal Name)

(Address, City, State, Zip Code)

charge _____ and its Representatives, whose address is

(Respondent's Full Legal Name)

_____.

(Respondent's Address, City, State, Zip Code)

With an unlawful practice within the meaning of:

Part 1:

[] The Kansas Act Against Discrimination (Chapter 44, Art. 10, K.S.A.) and specifically within the meaning of subsection _____ of Section 44-1009 of said Act, because of my:

RACE

SEX

ANCESTRY

RETALIATION

RELIGION

NATIONAL ORIGIN

DISABILITY

FAMILIAL STATUS
(HOUSING ONLY)

COLOR

GENETIC INFORMATION

[] The Kansas Age Discrimination in Employment Act (Chapter 44, Art. 11, K.S.A.) and specifically within the meaning of subsection _____ of Section 44-1113 of said Act, because of my AGE of _____.

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(continued)
Docket No.

Part 2:

Alleged Date of Incident, on or about _____
(List specific date with month, day and year or range of dates.)

Part 3:

The aforesaid charges are based on the following facts:

I have not commenced any action, civil or criminal, based upon the grievance set forth above, except

I declare under penalty of perjury that the forgoing is true and correct; and if this document is executed outside the state of Kansas, I declare under penalty of perjury under the laws of the state of Kansas that the forgoing is true and correct.

Executed on _____
(Date)

X _____
(Signature of Complainant)

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Supplemental Information

Please complete the following supplemental information:

Your Full Legal Name: _____

Address, City, State, Zip: _____

Home Phone Number: _____

Cell Phone Number: _____

E-mail Address: _____

Work Phone Number if we may contact you there: _____

Your Date of Birth: _____

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

If this is an employment complaint, please complete the following:

Does the employer have four or more employees? Yes No

Have you filed a charge of employment discrimination with the U.S. Equal Employment Opportunity Commission (EEOC) on the same matters listed above?

Yes Please provide the EEOC charge number and date filed: _____

No