

**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 racial or other profiling by a law enforcement agency. We will ask you many questions about what happened to you during a traffic stop, 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. The Kansas Human Rights Commission has jurisdiction regarding profiling if the alleged acts of profiling by law enforcement officers and/or agencies occurred in conjunction with traffic stops. 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: _____

**KANSAS HUMAN RIGHTS COMMISSION
COMPLAINT INFORMATION SHEET
FOR INFORMATION PURPOSES ONLY
PROFILING**

PLEASE PRINT OR TYPE

1. Your Name (Mr./Ms.) _____

Address _____ Apt. No. _____

City _____ State _____ Zip Code _____

Phone Number () _____ Cell Phone () _____

Sex: Male Female Date of Birth _____ Age _____

2. Give the full legal name of the law enforcement agency 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 valid.

Agency _____

Address _____

City _____ State _____ Zip Code _____

Phone Number () _____

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

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

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

Religious Dress _____
(Specify Your Denomination)

4. Did the alleged act of profiling take place in the State of Kansas? Yes No

5. Have you filed a previous charge against this agency with the Kansas Human Rights Commission? Yes No If so, date filed _____ Docket # _____

6. Have you filed a charge of profiling regarding the allegations you are presenting in this questionnaire with the law enforcement agency, Yes No If so, date filed _____

7. Incident date _____
8. Incident time _____
9. Incident location: Street Highway Other _____
10. Incident street address _____
11. Officer's name _____ Officer's Badge # _____

12. Are you aware of statements made by the law enforcement officer revealing bias against you? Yes No If yes, did these statements pertain to: Race National Origin Gender Ethnicity Religious Dress

Specify what statements were made: _____

13. Were you stopped due to an alleged traffic violation? Yes No If so, what reason were you given for the traffic stop? _____

14. Were you given a citation? Yes No If so, citation number _____

15. Give an explanation of what occurred on the date of the incident and explain why you feel the alleged profiling you have experienced was because of your race, national origin, gender, ethnicity, or religious dress. (Please use additional sheets of paper, if necessary.)

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 [Mr./Ms.] _____

Address _____ Apt. No. _____

City _____ State _____ Zip Code _____

Phone Number () _____

Name [Mr./Ms.] _____

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 [Mr./Ms.] _____

Address _____ Apt. No. _____

City _____ State _____ Zip Code _____

Phone Number () _____

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

Name [Mr./Ms.] _____

Address _____ Apt. No. _____

City _____ State _____ Zip Code _____

Phone Number () _____

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

Name [Mr./Ms.] _____

Address _____ Apt. No. _____

City _____ State _____ Zip Code _____

Phone Number () _____

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