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: _______________
KANSAS HUMAN RIGHTS COMMISSION
COMPLAINT INFORMATION SHEET
FOR INFORMATION PURPOSES ONLY
EMPLOYMENT
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 _____________
Phone Number (     ) __________________ SSN_______________________________________
Cell Phone Number (     ) ____________________________
Sex: ☐ Male ☐ Female Date of Birth ______________ Age ________

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 included verification of the name by either a copy of your pay stub, business card, or letterhead.
Name ____________________________________________ _____________
Address ________________________________________________________________________
City ___________________________State _______ Zip Code _____________
Phone Number (     ) ___________________________ (Circle One)
Date Hired ______________ Last Date Worked __________ [quit] [terminated]
Present or Last Salary ____________________________ Per ____________
Department __________________________________ Supervisor ________________
Present or Last Job Title _______________________________________________________
I can best be contacted on ____________________________ ____________________________
I may _____ may not ____ be contacted at work.
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 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: __________________________
   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 ____________________________________________
__________________________________________________________
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__________________________________________________________
__________________________________________________________

Date __________________________
What Happened ____________________________________________
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__________________________________________________________

Date __________________________
What Happened ____________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________

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