

**STATE OF KANSAS
KANSAS HUMAN RIGHTS COMMISSION
LONDON 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: _____

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 () _____ Social Security 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 valid.

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone Number () _____

Date Hired _____ Last Date Worked _____ (Circle One)
[quit] [terminated]

Present or Last Salary _____ Per _____

Department _____ Supervisor _____

Present or Last Job Title _____

3A. 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)

3B. If your complaint is based on a disability, please answer the following:

Was the Company aware of your disability? Yes ____ No ____

Were medical records submitted? Yes ____ No ____

Did you request a reasonable accommodation? Yes ____ No ____

Could you perform the essential duties of your job, or those of the job for which you applied? Yes ____ No ____

If not, was there a vacant position in which you could perform the essential duties of the position? Yes ____ No ____

4. 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 given 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 _____

5. Are you now employed by the company, agency, etc.? Yes ___ No ___
6. How many employees does this/your company have? (Check Only One Box)
 Less than Four (4) Four (4) or More Fifteen (15) or More
7. Did the alleged act(s) of discrimination take place in the State of Kansas? Yes ___ No ___
8. Did the alleged act(s) of discrimination occur on a federal reservation or military post? Yes ___ No ___
9. Is the organization, company, agency, etc., an agency or branch of the federal government? Yes ___ No ___

10. 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 _____

11. Have you filed a previous charge against this organization, company, agency, etc., with this Agency?

Yes ___ No ___ If so, the date filed _____ Docket No. _____

12. Have you filed a charge regarding this situation with any other agency or with the Equal Employment Opportunity Commission?

Yes ___ No ___ If so, the date filed _____

13. 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 () _____

The information provided in this questionnaire is true to the best of my knowledge.

Signature: X _____

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:
