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: ______________

(FOR KHRC USE ONLY)
WALK-IN: ____YES ____NO
DATE: ______________
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.) _____________________________ Apt. No. ________
   Address ____________________________________________
   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 ____________________ ☐ National Origin ______________
       (Specify Race)          (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
________________________________________________________________________
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Date __________________________
What Happened
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Date __________________________
What Happened
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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.**

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<th>State</th>
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Phone Number_____________________________________________

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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:
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________