

# Kansas Human Rights Commission Housing Intake Data Form

PLEASE PRINT OR TYPE

Date signed by Complainant: \_\_\_\_\_

Move in date: \_\_\_\_\_ Month-to-Month or yearly lease: \_\_\_\_\_

Basis:  Race \_\_\_\_\_ (Specify Race)  
 National Origin \_\_\_\_\_ (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)

1. COMPLAINANT: \_\_\_\_\_

P.O. BOX (IF ANY): \_\_\_\_\_

PRESENT ADDRESS: \_\_\_\_\_ APT NO. \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE: HOME \_\_\_\_\_ WORK \_\_\_\_\_

CELL \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ SSN: \_\_\_\_\_

2. RESPONDENT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE: \_\_\_\_\_

a. Respondent individual: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: \_\_\_\_\_

b. Respondent individual: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: \_\_\_\_\_

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3. Is the Respondent Individual:  Builder  Owner  Supt/Manager  
 Banker/Lender  Real Estate Agent  Other \_\_\_\_\_

4. Is the structure:  Single Family  2-4 Families  more than 4

5. Does the landlord live there?  Yes  No

a. If Yes, are there more than 4 apartments/units?  Yes  No

6. Was the property being:  Sold  Rented  Improved

7. Is the property handicapped accessible (disability only)?  Yes  No

8. What are the ages of the Complainant's children (familial status only)? \_\_\_\_\_

9. Address of the property involved: \_\_\_\_\_  
\_\_\_\_\_

10. Does the complex or property receive local, state or federal funding? \_\_\_\_\_

11. Is the property covered under Section 8?  Yes  No

12. INCIDENT(S) WHICH COMPLAINANT FEELS ARE DISCRIMINATORY:

DATE: \_\_\_\_\_

WHAT HAPPENED: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE: \_\_\_\_\_

WHAT HAPPENED: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE: \_\_\_\_\_

WHAT HAPPENED: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**CONTACT PERSON(S):**

**1. NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **APT NO.:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**2. NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **APT NO.:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**IMPORTANT NOTATIONS:**

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