

**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 public accommodations. 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: \_\_\_\_\_

**KANSAS HUMAN RIGHTS COMMISSION  
COMPLAINT INFORMATION SHEET  
PUBLIC ACCOMMODATIONS  
FOR INFORMATION PURPOSES ONLY  
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.

The law requires that a charge be filed within six (6) months from the date of the alleged discrimination. If you are returning this form by mail, make sure that you return the form promptly, so that there is sufficient time to conduct an interview, draft and file your complaint no later than six months from the date of the alleged discrimination.

If your claim is accepted by the Commission as a complaint, it will be typed on the Commission's charge form and returned to you for your signature and notarization. If for any reason we are unable to file a complaint for you, we will so inform you.

**PLEASE PRINT OR TYPE** TODAY'S DATE: \_\_\_\_\_

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 ( ) \_\_\_\_\_

(Circle One)

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)
- Disability \_\_\_\_\_  
(Specify your Disability)

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 \_\_\_\_\_

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Date \_\_\_\_\_

What Happened \_\_\_\_\_

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Date \_\_\_\_\_

What Happened \_\_\_\_\_

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Date \_\_\_\_\_

What Happened \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Did the alleged act(s) of discrimination take place in the State of Kansas?  
Yes \_\_\_\_ No \_\_\_\_
6. Did the alleged act(s) of discrimination occur on a federal reservation or military post? Yes \_\_\_\_ No \_\_\_\_
7. Is the organization, company, agency, etc., an agency or branch of the federal government? Yes \_\_\_\_ No \_\_\_\_
8. 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:

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Name \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State and Zip Code)

Phone Number ( ) \_\_\_\_\_

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

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Name \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State and Zip Code)

Phone Number ( ) \_\_\_\_\_

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

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