



City of Wichita Nondiscrimination Ordinance Complaint Form

Instructions

If you are under 18 years of age, a parent or guardian must file for you.

Part 1 Instructions: Protected Class (es): Please select the protected class(es) that you feel best describes the reason(s) for the alleged discriminatory action(s) and/or harassment by doing the following:

- Please check the applicable box(es) in Part 1. Age is only for employment complaints and when the Complainant is age 40 years old or older.

Part 2 Instructions: Alleged Date(s) of Incident(s): The Alleged incident(s) must have occurred in the last 180 days.

Part 3 Instructions: Complaint basis: Please provide a description of the adverse action(s) or the harassment that you allege has occurred due to the class(es) you selected. Please provide the name and title(s) of the person(s) you allege discriminated against you or harassed you, the company or business name, and the address of the location at which the alleged harassment or discrimination occurred. Please list your job title and when you were hired, if this is an employment complaint.

Please date and sign the complaint on the line marked by an "X" in the presence of a notary public.

Submit your signed complaint and supplemental information to the City Clerk's Office or by mail to:

City of Wichita
Attn: City Clerk
455 N. Main St, 13 Floor
Wichita, KS 67202

If you choose to submit a copy of a signed complaint by e-mail or mail, you are expected to retain the original, signed complaint in your records for production to the City of Wichita upon request.

On the complaint of

(Complainant's Full Legal Name)

vs.

Complainant,

Respondent,

and its Representatives

(Respondent's Full Legal Name)

I, _____, residing at
(Complainant's Full Legal Name)

(Address, City, State, Zip Code)

charge _____ and its Representatives, whose address is
(Respondent's Full Legal Name)

(Respondent's Address, City, State, Zip Code)

With an unlawful practice within the meaning of:

Part 1:

Race

Gender

Ancestry

Retaliation

Religion

National Origin

Disability

Familial Status
(Housing Only)

Color

Genetic Information

Age

Citizenship

Sexual Orientation/Gender Identity

Part 2:

Alleged date(s) of incident, on or about _____
(List specific date with month, day and year or range of dates.)

Part 3:

The charges are based on the following facts:

Please list any and all other actions, including civil, criminal or administrative, including but not limited to filing a complaint with the Kansas Human Rights Commission or the Equal Employment Opportunity Commission, based upon the complaint set forth above:

I declare under penalty of perjury that the forgoing is true and correct; and if this document is executed outside the state of Kansas, I declare under penalty of perjury under the laws of the state of Kansas that the forgoing is true and correct.

Executed on _____
(Date)

X _____
(Signature of Complainant)

(Date)

X _____
(Signature of Guardian if Complainant is a minor)

SUBSCRIBED AND SWORN to before me this _____ day of _____,
20____.

Notary Public

(seal):

Supplemental Information

Please complete the following supplemental information:

Your Full Legal Name: _____

Address, City, State, Zip: _____

Home Phone Number: _____

Cell Phone Number: _____

E-mail Address: _____

Work Phone Number (if we may contact you there): _____

Your Date of Birth: _____

Did the alleged act(s) of discrimination take place in the City of Wichita? Yes No