

**KENTUCKY COMMISSION ON HUMAN RIGHTS**

**The Heyburn Building, Suite 700**

**332 West Broadway**

**Louisville, Ky 40202**

**Toll Free 1-800-292-5566 or 502-595-4024**

**Fax: 502-595-4801**

The Kentucky Civil Rights Act prohibits discrimination because of disability, race, smoking, age, color, religion, national origin, sex, and familial status. If you feel you have been a victim of discrimination based upon these circumstances, fill out this questionnaire and return it to the address above.

PLEASE PRINT OR TYPE

Items in **Bold** print are required in order to process your complaint. If the information is not included, your complaint cannot be filed.

Type of Complaint: (Please  $\checkmark$  One) Employment \_\_\_\_\_ Public Accommodation \_\_\_\_\_ Housing \_\_\_\_\_

1. **Complainant Name:** \_\_\_\_\_  
Last First Middle

**Address:** \_\_\_\_\_  
Please give complete address to include apartment #, if applicable

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **County:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Primary Telephone #:** \_\_\_\_\_ **Secondary telephone#:** \_\_\_\_\_

**Race:** \_\_\_\_\_ **National Origin** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_ **Hire Date:** \_\_\_\_\_ **Date of Discharge:** \_\_\_\_\_

2. Name of an individual, at a different address, who will know how to reach you most of the time.

**Name:** \_\_\_\_\_ **Relationship to you:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **County:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Primary Telephone #:** \_\_\_\_\_ **Secondary Telephone#:** \_\_\_\_\_

3. **What is the name of the company which discriminated against you?**

**Company Name:** \_\_\_\_\_

**Mailing Address (at location where you work(ed) or were discriminated against)** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **County:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Approximate Number of Employees Working for the Company:** \*\*\* Employment Only

\_\_\_\_ (under 8) \_\_\_\_ (8-14) \_\_\_\_ (15-100) \_\_\_\_ (101-200) \_\_\_\_ (201-500) \_\_\_\_ (501+)

4. If you have a Housing complaint, please answer the following questions:

**Number of Properties** \_\_\_\_\_ **Does the owner live in the housing?** \_\_\_\_\_

**Is the property HUD assisted?** \_\_\_\_\_

**Full Address of Property in Question:**

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **County** \_\_\_\_\_ **Zip** \_\_\_\_\_



7. Provide the name (s) of individuals who saw what happened to you or who can provide specific detailed information regarding the action taken against you. (Use additional sheets if necessary)

Witness #1: \_\_\_\_\_  
Name Address Telephone#

What information can the witness provide to an investigator?

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Witness #2: \_\_\_\_\_  
Name Address Telephone#

What information can the witness provide to an investigator?

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Witness #3: \_\_\_\_\_  
Name Address Telephone#

What information can the witness provide to an investigator?

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Please use additional sheets as necessary.

8. Identify others (name, title, gender, age, & race) who were treated better than you in a similar situation. Identify how each individual listed was treated better differently.

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9. List anyone (name, title, gender, age, & race) who was treated just like you in the same kind of situation.

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10. What have you lost as a result of the action taken against you? How would you like this matter resolved?

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11. Have you attempted to resolve this matter?

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With whom?

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**12. Have you filed a complaint with any other agency, union representative, attorney or other resource person about this matter?** Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, Please provide the necessary information:

Name of Person or Agency: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

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13. Have you ever filed a charge of discrimination before? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, provide the information necessary:

-Charge#: \_\_\_\_\_ Date Filed \_\_\_\_\_

Organization or company charged \_\_\_\_\_

- Charge#: \_\_\_\_\_ Date Filed \_\_\_\_\_

Organization or company charged \_\_\_\_\_