



1000 SW Jackson St.,
Suite 560
Topeka, KS 66612-1368
Phone: 785-296-5334

Civil Rights Complaint

| | | | |
|---|-----|---------------------------------------|-------------------|
| YOUR FIRST NAME: | | YOUR LAST NAME | |
| HOME PHONE (Please include area code) | | WORK PHONE (Please include area code) | |
| STREET ADDRESS | | | CITY |
| STATE | ZIP | E-MAIL ADDRESS (if available) | |
| Are you filing this complaint for someone else? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| If Yes, whose civil rights do you believe were violated | | | |
| FIRST NAME | | LAST NAME | |
| Who (or what agency or organization do you believe violated your (or someone else's) civil rights? PERSON/ AGENCY/ ORGANIZATION | | | |
| STREET ADDRESS | | | CITY |
| STATE | ZIP | PHONE (Please include area code) | |
| When do you believe that the violation of civil rights occurred? | | | |
| LIST DATE(S) | | | |
| Describe briefly what happened. How and why do you believe your (or someone else's) civil rights were violated, or the privacy rule otherwise was violated? Please be as specific as possible. (Attach additional pages as needed) | | | |
| | | | |
| Please sign and date this complaint. You do not need to sign if submitting this form by email because by email represents your signature. | | | |
| SIGNATURE | | | DATE (mm/dd/yyyy) |