

# COMPLAINT INTAKE FORM SALINA HUMAN RELATIONS COMMISSION

**SALINA COMMUNITY RELATIONS DIVISION**  
P.O. Box 736 - 300 West Ash - Salina, KS 67401  
Office: 785-309-5745 - FAX: 785-309-5769

<b>OFFICE ONLY</b>
Date: _____
Received: _____

Please answer the following questions, telling us briefly why you feel you have been discriminated against. Answer all questions as completely as possible. If you have already filed with a STATE or FEDERAL AGENCY, or if your complaint is about something that happened over 1 year ago, STOP and call our office. Upon completing this form, mail it in and we will call to set up an appointment to talk with you concerning your complaint intake information.

**\*\*\*Please be advised that housing complaints are dually filed with the  
U.S. Department of Housing and Urban Development\*\*\***

**EMPLOYMENT**     
  **HOUSING**     
  **PUBLIC ACCOMMODATIONS**

<b>COMPLAINANT INFORMATION (You):</b>		DOB: _____
NAME _____		TELEPHONE: HOME _____ WORK _____
ADDRESS _____		CITY _____ STATE _____ ZIP _____
I PREFER TO BE CONTACTED AT <b>WORK / HOME:</b>		DAYS: _____ TIME: _____
<b>PLEASE PROVIDE THE NAME OF A PERSON AT A DIFFERENT ADDRESS WHOM WE CAN CONTACT WHEN UNABLE TO REACH YOU:</b>		
NAME _____		RELATIONSHIP _____ TELEPHONE _____

<b>RESPONDENT INFORMATION (Person who you believe is discriminating against you):</b>	
NAME _____ TELEPHONE _____	
(LANDLORD OR PROPERTY MANAGER) OR (EMPLOYER/COMPANY)	
ADDRESS _____ CITY _____ STATE _____ ZIP _____	

**PLEASE FILL OUT THE APPROPRIATE BOX AS COMPLETELY AS POSSIBLE:**

<b>EMPLOYMENT</b>
Job Location: _____
_____
Job: Title: _____
Salary: _____
Date of Hire: _____
OR Hire Denial: _____
Date of Termination: _____
Supervisor: _____
_____

<b>HOUSING</b>
Unit Location _____
_____
Rent (wk/mo) \$ _____
Lease? <input type="checkbox"/> Yes <input type="checkbox"/> No
Length of Lease _____
Deposit \$ _____
Pet Deposit \$ _____
Date Moved in _____
OR
Date Refused _____

<b>PUBLIC ACCOMMODATIONS</b>
Business or Public Area where incident occurred: (be specific) _____
_____
_____
Date of Incident _____
Approximate time of Incident _____

**"I believe I was discriminated against because of my..." (CHECK ALL APPLICABLE)**

Online form can be found at the City of Salina's website or <https://salinaks.seamlessdocs.com/f/2k2bix6hg997>

- RACE/ETHNICITY:  AMERICAN INDIAN, ALASKAN NATIVE  ASIAN  BLACK OR AFRICAN AMERICAN  HISPANIC/LATINO  NATIVE HAWAIIAN OR PACIFIC ISLANDER  WHITE  OTHER
- NATIONAL ORIGIN: (SPECIFY NATIONAL ORIGIN) \_\_\_\_\_ • COLOR: \_\_\_\_\_
- AGE: (EMPLOYMENT ONLY) \_\_\_\_\_ • SEX: (GENDER IDENTITY, SEXUAL ORIENTATION) \_\_\_\_\_
- RELIGION (SPECIFY YOUR DENOMINATION) \_\_\_\_\_
- DISABILITY: MENTAL  PHYSICAL
- FAMILIAL STATUS: (HOUSING ONLY) DO YOU HAVE CHILDREN UNDER THE AGE OF 18 LIVING WITH YOU? YES  NO
- RETALIATION  BY ASSOCIATION  HARASSMENT  OTHER : \_\_\_\_\_

In what way were you discriminated against? Please note incident(s) you feel are discriminatory in nature. List according to date, earliest to latest, and include date:

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List names, addresses and telephone numbers of witnesses, and give description of the information they can provide that would support your allegations:

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ TELEPHONE \_\_\_\_\_

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ TELEPHONE \_\_\_\_\_

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ TELEPHONE \_\_\_\_\_

**How did you learn about the Community Relations Division?**

- RECOMMENDED BY ANOTHER AGENCY (SPECIFY WHAT AGENCY): \_\_\_\_\_
- SOCIAL MEDIA (SPECIFY WHAT PLATFORM): \_\_\_\_\_
- FLYER (SPECIFY WHERE YOU SAW THE FLYER): \_\_\_\_\_
- WORD OF MOUTH  OTHER (SPECIFY): \_\_\_\_\_

**SETTLEMENT INFORMATION:**

What do you feel would resolve the issue between you and the Respondent, and settle your complaint against them? Be as specific as you can.

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This complaint is filed under the Salina City Code, Chapter 13. Equal Opportunity and Affirmative Action Ordinance.

**Sec.13-83. Submission of a false, misleading or incomplete complaint, statement, response or report states:**

*"Any person who knowingly and intentionally submits or files or causes to be submitted or filed, a false, misleading, or incomplete complaint, statement, response or report with the commission. The director or any of the department's personnel, shall be guilty of a misdemeanor."*

\_\_\_\_\_  
Signature of Complainant

\_\_\_\_\_  
Date of Signature