



Civil Rights & Equal Opportunity

Civil Rights Division

Intake Questionnaire for Discrimination Complaint

414 East 12th Street
4th Floor; Suite 404
Kansas City, Missouri 64106

Phone: 816-513-1836

Please complete this form and return it to the Civil Rights & Equal Opportunity (CREO) Department. **REMEMBER**, a complaint of discrimination must be filed within 180 days of the alleged act of discrimination. Upon receipt, this form will be reviewed to determine whether CREO can investigate this complaint. **ANSWER ALL QUESTIONS** that pertain to your situation, as completely as possible, and attach additional pages if needed to complete your response(s). If you do not know the answer to a question, answer by stating "not known." If a question is not applicable to your situation, write "n/a." Please print clearly or type.

STATEMENT: I understand that this questionnaire is not a complaint form and that I have not yet filed a complaint of discrimination. I understand that CREO will review this form and if the information constitutes a basis for filing a complaint, a complaint will be sent to me for signature. In order to preserve my rights, the signed complaint will need to be received at CREO within 180 days of the alleged act of discrimination. I understand that a copy of the complaint form I sign will be sent to the employer, union, employment agency, or place of public accommodation and will be the basis for the CREO investigation. Initial _____

PERSONAL INFORMATION			
First Name		Last Name	Middle Initial
Date of Birth:	Gender Identity: <input type="checkbox"/> Woman <input type="checkbox"/> Man <input type="checkbox"/> Transgender <input type="checkbox"/> Non-Binary/Non-Conforming		
Street or Mailing Address			Apt. or Unit #
City	County	State	ZIP code
Preferred Phone Number		Alternative Phone Number	
E-mail Address			
CONTACT PERSON (Please provide information for a person we can contact if we are unable to reach you.)			
Full name		Describe relationship (Friend, relative, neighbor, etc.)	
Preferred Phone Number		Alternative Phone Number	
E-mail Address			
ADDITIONAL INFORMATION			
1a. Have you filed this complaint with any other agency? <input type="checkbox"/> Yes <input type="checkbox"/> No		1b. If yes, what agency and on what date? _____	
2. Are you Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No		3. What is your race? (Select all that apply.) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian/Asian-American <input type="checkbox"/> Black or African-American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Other: _____ (specify)	
4. What is your National Origin? (Defined as country of origin or ancestry. _____)			
COMPLAINT INFORMATION			
5. I believe that I was discriminated against by the following organization(s)/business(es): (Check all that apply.)			
<input type="checkbox"/> Employer <input type="checkbox"/> Union <input type="checkbox"/> Employment Agency <input type="checkbox"/> Place of Public Accommodation <input type="checkbox"/> Other: _____ (specify)			

RESPONDENT INFORMATION (Respondent is the person, agency, company, etc., which you are complaining against.)				
6a. Respondent #1 Business/Organization Name:				
Respondent Contact First Name		Respondent Contact Last Name		
Street or Mailing Address			Office, Suite, Apt. or Unit #	
City	County	State	ZIP code	
Phone Number		Type of Business		
Number of Employees in the Organization at All Locations:		Are there employees of the organization in other states?		
Check one: <input type="checkbox"/> 0-5 <input type="checkbox"/> 6-15 <input type="checkbox"/> 15+		<input type="checkbox"/> Yes <input type="checkbox"/> No		
6b. Respondent #2 Business/Organization Name:				
Respondent Contact First Name		Respondent Contact Last Name		
Street or Mailing Address			Office, Suite, Apt. or Unit #	
City	County	State	ZIP code	
Phone Number		Type of Business		
Number of Employees in the Organization at All Locations:		Are there employees of the organization in other states?		
Check one: <input type="checkbox"/> 0-5 <input type="checkbox"/> 6-15 <input type="checkbox"/> 15+		<input type="checkbox"/> Yes <input type="checkbox"/> No		
7. What is the reason (basis) for your claim of discrimination?				
<p><i>FOR EXAMPLE, if you feel that you were treated worse than someone else because of race, you should check the box next to Race. If you feel you were treated worse for several reasons, such as your sex, religion, and national origin, you should check all that apply. If you complained about discrimination, participated in someone else's complaint, or filed a charge of discrimination, and a negative action was threatened or taken, you should check the box next to Retaliation.</i></p> <p><input type="checkbox"/> Race/Color <input type="checkbox"/> Sex (including Gender Identity) <input type="checkbox"/> Sexual Orientation <input type="checkbox"/> Age <input type="checkbox"/> Disability <input type="checkbox"/> National Origin or Ancestry</p> <p><input type="checkbox"/> Religion <input type="checkbox"/> Pregnancy <input type="checkbox"/> Other reason (basis) for discrimination (Explain): _____</p> <p><input type="checkbox"/> Retaliation – Activities that are protected from retaliation under the Missouri Human Rights Act or Chapter 38 of the KCMO Municipal Code are:</p> <p style="margin-left: 20px;">a. Filing a discrimination complaint, testifying, assisting, or participating in any manner in any investigation, proceeding, or hearing regarding a discrimination complaint; and/or</p> <p style="margin-left: 20px;">b. Opposing any discriminatory practice prohibited by law.</p>				
8. Background on the alleged discrimination. Which of the following employment action(s) were taken against you?(Check only those that apply.)				
<input type="checkbox"/> Fired		<input type="checkbox"/> Harassed		<input type="checkbox"/> Denied Benefits (Leave, Insurance, etc.)
<input type="checkbox"/> Not Hired		<input type="checkbox"/> Disciplined		<input type="checkbox"/> Denied Pay Raise
<input type="checkbox"/> Not Promoted		<input type="checkbox"/> Suspended		<input type="checkbox"/> Denied Religious Accommodation
<input type="checkbox"/> Demoted		<input type="checkbox"/> Laid Off		<input type="checkbox"/> Denied Disability Accommodation
<input type="checkbox"/> Transferred		<input type="checkbox"/> Not Recalled from Layoff		<input type="checkbox"/> Other: _____
9. Explain what happened to you below and include the date(s) of harm, action(s) and the name(s) and title(s) of the persons who you believe discriminated against you. (Example: 10/02/06 –Written Warning from Supervisor, Mr. John Soto)				
9a.	Most recent date of action:		Describe action:	
	Name(s) of Person(s) Responsible			
	Title(s) of Person(s) Responsible			
			Is action still happening to you? If so, describe how:	

9b.	Most recent date of action:	Describe action: Is action still happening to you? If so, describe how:	
	Name(s) of Person(s) Responsible		
	Title(s) of Person(s) Responsible		
9c.	Most recent date of action:	Describe action: Is action still happening to you? If so, describe how:	
	Name(s) of Person(s) Responsible		
	Title(s) of Person(s) Responsible		
9d. Describe any other actions you believe were discriminatory. (Attach additional pages, if needed to complete your response.)			
9e. What reason(s) were given to you for the acts you consider discriminatory? By whom? Title?			
10. Name and describe others who were in the same situation as you. Explain how they were treated. Who was treated better, and who was treated the same? Provide race, sex, age, national origin, religion, and/or disability status of all such other persons if known and if relevant to your claim of discrimination. (Add additional sheets, if needed.)			
WITNESS INFORMATION			
11. If known, please provide the names, home addresses and telephone numbers of persons who may have firsthand knowledge of what happened to you or who may have seen or experienced similar treatment. (Attach additional sheets if necessary.)			
Witness #1 First Name		Witness #1 Last Name	
Street or Mailing Address			Apt. or Unit #
City	County	State	ZIP code
Preferred Phone Number		Alternative Phone Number	
E-mail Address			
What information can this witness provide?			

Witness #2 First Name		Witness #2 Last Name	
Street or Mailing Address			Apt. or Unit #
City	County	State	ZIP code
Preferred Phone Number		Alternative Phone Number	
E-mail Address			
What information can this witness provide?			
REMEDY			
12. What remedy or relief are you seeking?			
HOW DID YOU HEAR OF THE CIVIL RIGHTS & EQUAL OPPORTUNITY DEPARTMENT OR THE CIVIL RIGHTS DIVISION?			

I understand that this questionnaire is not a complaint form and that I have not yet filed a complaint of discrimination. I understand that the Civil Rights & Equal Opportunity Department - Civil Rights Division will review this form and if the information constitutes a basis for filing a complaint, a complaint will be sent to me for signature.

Print name	Signature	Date
------------	-----------	------