



# Civil Rights & Equal Opportunity

Civil Rights Division | Housing

## Intake Questionnaire for Discrimination Complaint

414 East 12<sup>th</sup> Street  
 4<sup>th</sup> Floor; Suite 404  
 Kansas City, Missouri 64131

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 mailed 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 or employment agency and will be the basis for the CREO investigation.  
 Initial \_\_\_\_\_

PERSONAL INFORMATION				
First Name		Last Name		Middle Initial
Date of Birth		E-mail Address		
Street or Mailing Address			Apt. or Unit #	
City		County		State ZIP code
Preferred Phone Number			Alternative Phone Number	
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				
Have you filed this complaint with any other agency?				
<input type="checkbox"/> Yes If yes, what agency(ies)? Check all that apply: <input type="checkbox"/> U.S. Department of Housing & Urban Development (HUD) <input type="checkbox"/> Housing Authority of Kansas City, MO <input type="checkbox"/> Missouri Commission on Human Rights (MCHR) <input type="checkbox"/> Other: _____				
<input type="checkbox"/> No				
COMPLAINT INFORMATION				
1. Where did the discrimination happen? Provide as much information as you have.			2. Date of discrimination: _____	
Name of apartment complex or building, if applicable.				
Address			Apt. or Unit #	
City		County		State ZIP code
3. Who did you talk to about the property? Provide as much of the name and title of the person as you know.			4. Were you shown more than one property by the same person, or by the same property management company?  <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>COMPLAINT INFORMATION</b>		
5. What is the reason (basis) for your claim of discrimination? <i>Why do you believe someone discriminated against you, someone you live with, or someone you sought to live with? (Check all that apply.)</i>		
<input type="radio"/> Because of actual or perceived race <input type="radio"/> Because of color <input type="radio"/> Because of religion <input type="radio"/> Because of national origin <input type="radio"/> Because of sex <input type="radio"/> Because of mental or physical disability <input type="radio"/> Because of marital status <input type="radio"/> Because of familial status <input type="radio"/> Because of age <input type="radio"/> Because of sexual orientation or gender identity <input type="radio"/> Because of gender expression <input type="radio"/> Because of ethnic background	<input type="radio"/> Because of being a victim of domestic violence, sexual assault or stalking <input type="radio"/> Because of adverse (poor or bad) credit report(s) <input type="radio"/> Because of criminal record <input type="radio"/> Because of prior eviction(s) <input type="radio"/> Because of source of income <input type="radio"/> Because of Retaliation – Activities that are protected from retaliation under the Missouri Human Rights Act or Chapter 38 of the KCMO Municipal Code are: a. Filing a discrimination complaint, testifying, assisting, or participating in any manner in any investigation, proceeding, or hearing regarding a discrimination complaint; and/or b. Opposing any discriminatory practice prohibited by law.	
<b>HOW DID YOU HEAR OF THE CIVIL RIGHTS &amp; EQUAL OPPORTUNITY DEPARTMENT OR THE CIVIL RIGHTS DIVISION?</b>		
<b>STATISTICAL INFORMATION</b>		
1. Age of the head of the household: ____	2. Size of household? (Include yourself.) ____	3. Approx. annual household income: \$ _____
4. Are you Hispanic or Latino? ____ Yes    ____ No	5. What is your race? ( <i>Select all that apply.</i> ) <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 ( <i>specify</i> ): _____	
6. What sex were you assigned at birth? ____ Male    ____ Female	7. How do you identify? ( <i>Select all that apply.</i> ) <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Nonbinary <input type="checkbox"/> I use a different term ( <i>specify</i> ): _____	
8. Do you currently live in rent-regulated housing? ____ Yes    How long? ____ years ____ months ____ No	9. Do you currently live in housing operated by the Housing Authority of Kansas City? ____ Yes    How long? ____ years ____ months ____ No	

**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 mailed to me for signature.**

Print name	Signature	Date
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