

HOPKINSVILLE HUMAN RELATIONS COMMISSION
P.O. Box 707 | 715 S. Virginia Street
Hopkinsville, KY 42241-0707
Telephone: 270-887-4010
Fax: 270-632-2070

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 \surd 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 #: _____ **Email Address:** _____

Race: _____ **National Origin:** _____ **Date of Birth:** _____ **Age:** _____ **Gender:** _____

Date of Intake: _____ **Place of Employment:** _____

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:** _____

Telephone Number: _____

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 _____

5. Name and title of the person who discriminated against you: _____

City and county where you were discriminated against: _____

What action was taken against you? (ie: fired, disciplined, harassed) _____

What date(s) did this incident happen? _____

*** (An approximate date or time frame must be included in order to file a Complaint of Discrimination)

Please provide DATES and a BRIEF EXPLANATION of the discriminatory action taken against you. Employment and Public Accommodation complaints must have occurred in the last 180 days. Housing complaints must have occurred in the last year. Please include any significant dates in order to help establish a time-frame for which the events occurred. (ie. Date discrimination occurred)

Please use additional sheets if necessary.

6. Why do you believe this action was taken against you? (Check all that apply.)

- Age (employment only, 40 and over) Race Color
- Religion (Specify) _____ Sex National Origin
- Familial Status (housing only) Smoking (employment only) Retaliation
- Disability, what is your disability? _____

What major life functions are affected by your disability?

Other, explain _____

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?

Witness #2: _____
Name Address Telephone#

What information can the witness provide to an investigator?

Witness #3: _____
Name Address Telephone#

What information can the witness provide to an investigator?

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.

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

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

11. Have you attempted to resolve this matter?

If yes, with whom?

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: _____

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 _____

Signature _____