



1000 S.W. Jackson St.
 Topeka, KS 66612
 Phone: (785) 296-1500

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)