



Discrimination Complaint Form

This form shall be used by anyone wishing to file a complaint alleging discrimination in employment, housing, or public accommodations on the basis of an individual's sexual orientation or gender identity in the City of Merriam (the "City") as prohibited by Ordinance No. 1794. This form must be submitted within 60 days of the alleged unlawful discriminatory practice, unless the act complained of constitutes a continuing pattern or practice of discrimination, in which event it must be filed within 60 days of the last act of discrimination to:
Merriam City Clerk, 9001 W. 62nd Street, Merriam, Kansas 66202

PLEASE TYPE OR PRINT

1. Name of individual filing this complaint:

Last Name: _____ First Name: _____ Middle Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone _____ Email: _____

2. Name of individual discriminated against (if other than the individual filing). If the individual discriminated against is age 18 or older, the City will need that individual's initials on provisions 8, 9, and 10 and the individual's signature on this complaint form before it will investigate the complaint. If the individual is a minor child/ward, the parent or legal guardian must initial provisions 8,9,10 and sign this complaint form before the City will investigate the complaint.

Last Name: _____ First Name: _____ Middle Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone _____ Email: _____

3. The City investigates discrimination complaints against individuals, entities, and establishments within the city limits who employ four or more employees, who sell real property or rent real property with more than four dwelling units, or who offers goods, services, facilities, or accommodations to the public. The City will attempt to refer you to the appropriate agency if it cannot accept your complaint.

Name of individual, entity, or establishment: _____

Address: _____

City: _____ State: _____ Zip: _____

4. The Merriam Code prohibits discrimination in employment, housing, and public accommodations on the basis of sexual orientation and gender identity. Please indicate the basis of your complaint. Check all that apply:

Sexual Orientation

Gender Identity

5. Please describe each alleged discriminatory act starting with the most recent. For each action, please include the date(s) the discriminatory act occurred, the name(s) of the individual(s) involved, and why you believe the discrimination was because of sexual orientation and/or gender identity. (Please use additional sheets of paper if needed.)

Date: _____

What Happened:

Date: _____

What Happened:

Date: _____

What Happened:

List any witnesses who can provide additional information or evidence relating to this complaint.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone _____ Email: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone _____ Email: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone _____ Email: _____

6. Have you attempted to resolve these allegations with the individual, entity, or establishment through an internal grievance procedure or in some other manner?

Yes (*see below*)

No

If you marked yes, please describe how you attempted to resolve the allegations. If possible, please provide a copy of your grievance or complaint and, if applicable, the decision in the matter.

7. What remedy are you seeking?

8. To properly investigate this complaint, the City may share your name and other personal information with the individual, entity, or establishment that allegedly discriminated against you and any witnesses to the discrimination. By initialing below and signing this form, you consent to the City sharing your name and other personal information to investigate this complaint. The City will not investigate your complaint without this consent. (The individual alleging discrimination must initial this section. If the complaint is filed on behalf of a minor child/ward, this section must be initialed by a parent or legal guardian of that individual.)

_____ (**INITIAL HERE**) I give the City my consent to reveal my name and other personal information (and that of my minor child/ward on whose behalf the complaint is filed) to others to investigate my complaint.

9. The City is a Kansas municipality governed by the Kansas Open Records Act (KORA), K.S.A. 45-215 *et seq.* By submitting a complaint, I acknowledge that the complaint is presumed to be an open record under the KORA. The City cannot guarantee the confidentiality of the information I provide in the complaint. By initialing below and signing this form, I specifically waive any claims against the City related to the disclosure of any material if made pursuant to a public records request. The City will not investigate your complaint without this acknowledgement and waiver. (The individual alleging discrimination must initial this section. If the complaint is filed on behalf of a minor child/ward, this section must be initialed by a parent or legal guardian of that individual.)

_____ (**INITIAL HERE**) I acknowledge that this complaint is presumed to be an open record under KORA and that the City cannot guarantee the confidentiality of the information I provide. I specifically waive any claims (and those of my minor child/ward on whose behalf the complaint is filed) against the City related to the disclosure of any material if made pursuant to a public records request.

10. Section 5 in Ordinance No. 1794 (Section 35-53 of the Merriam Code) provides a process for assessing fees charged by the investigator and/or hearing officer. By initialing below and signing this form, you acknowledge that you have read Section 5 in Ordinance No. 1794 (Section 35-53 of the Merriam Code) and agree to pay any fees assessed by the investigator and/or hearing officer. The City will not investigate your complaint without this acknowledgement. (The individual alleging discrimination must initial this section. If the complaint is filed on behalf of a minor child/ward, this section must be initialed by a parent or legal guardian of that individual.)

_____ **(INITIAL HERE)** I acknowledge that I have read Section 5 in Ordinance No. 1794 (Section 35-53 of the Merriam Code) and agree to pay any fees (and those of my minor child/ward on whose behalf the complaint is filed) assessed by the investigator and/or hearing officer.

Affirmation: The information provided in this form is true and accurate to the best of my knowledge.

Individual Filing Complaint (From Section 1)

Individual being discriminated against, if other than the individual filing (From Section 2)

Signature: _____

Signature: _____

Printed Name: _____

Printed Name: _____

Date: _____

Date: _____

Return this form to:

**Merriam City Clerk
9001 W. 62nd Street
Merriam, Kansas 66202**

This form must be submitted within 60 days of the alleged unlawful discriminatory practice, unless the act complained of constitutes a continuing pattern or practice of discrimination, in which event it must be filed within 60 days of the last act of discrimination to.