Date Rec'd:	Case No.

CITY OF GREAT BEND
CIVIL RIGHTS COMPLAINT FORM

Name: _____

Address: _____

City & Zip: _____

Telephone: _____

Cause of Discrimination (check one):

- o Race
- o Color
- o National Origin
- o Disability
- o Religion
- o Age
- o Sex
- o Income

Who discriminated against you:

Name: _____

Title: _____

Employer: _____

Project: _____

Date(s) of Discrimination: _____

Explain the problem:

What would be a reasonable settlement of your charge:

I swear that the charge as listed is true to the best of my knowledge, information and belief.

_____ _____
(Signature) (Date)

_____ _____
(County) (State)

SUBSCRIBED AND SWORN TO before me this _____ day of _____ 20_____.

My commission expires _____, 20_____. Notary Public. _____.

This form should be mailed or turned in person to the ADA/Civil Rights Coordinator for the City of Great Bend. Forms can be mailed to the following address but should be signed by Notary Public: City of Great Bend, ATTN: ADA Coordinator, PO Box 1168, Great Bend, KS 67530.