

Date Rec'd: _____	Case No. _____
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**LYON COUNTY KANSAS
COMPLAINT FORM**

Name: _____ Address: _____ City & Zip: _____	Cause of Discrimination (check one): <table style="width: 100%; border: none;"><tr><td><input type="radio"/> Race</td><td><input type="radio"/> Religion</td></tr><tr><td><input type="radio"/> Color</td><td><input type="radio"/> Age</td></tr><tr><td><input type="radio"/> National Origin</td><td><input type="radio"/> Sex</td></tr><tr><td><input type="radio"/> Disability</td><td><input type="radio"/> Income</td></tr></table>	<input type="radio"/> Race	<input type="radio"/> Religion	<input type="radio"/> Color	<input type="radio"/> Age	<input type="radio"/> National Origin	<input type="radio"/> Sex	<input type="radio"/> Disability	<input type="radio"/> Income
<input type="radio"/> Race	<input type="radio"/> Religion								
<input type="radio"/> Color	<input type="radio"/> Age								
<input type="radio"/> National Origin	<input type="radio"/> Sex								
<input type="radio"/> Disability	<input type="radio"/> Income								

Who discriminated against you?

Name: _____

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)
_____	_____