

VERSAILLES MIDWAY WOODFORD COUNTY
HUMAN RIGHTS COMMISSION
COMPLAINT FORM

NAME OF COMPLAINANT _____ Please print

Contact information:

Address _____

Phone number(s) _____ Email address: _____

If complaint is on behalf of another person, name and contact information of person(s):
 Name(s), address(es); phone number(s)

Guidelines to determine if applicable for VMWC HRC

The Kentucky Civil Rights Act prohibits forms of discrimination as shown below.

The alleged discrimination involved (Check area box and circle or write type(s) of discrimination):

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> <u>Employment*</u> | <input type="checkbox"/> <u>Housing*</u> | <input type="checkbox"/> <u>Public Accommodations</u> | <input type="checkbox"/> <u>Credit Transactions</u> |
| a. Race/color | a. Race | a. Race | a. Sex |
| b. Sex | b. Sex | b. Sex (hotels, restaurants,
government funded facilities) | b. Race |
| c. Age (40 and above) | c. National Origin | c. National Origin | c. Color |
| d. National Origin | d. Color | d. Color | d. Religion |
| e. Retaliation | e. Religion | e. Religion | e. National Origin |
| f. Religion | f. Disability | f. Disability | |
| g. Disability | g. Familial status | | |
| h. Smoking | | | |

- | | | |
|---|--|---|
| <input type="checkbox"/> <u>Real Estate Insurance</u> | <input type="checkbox"/> <u>Education Programs</u> | <input type="checkbox"/> <u>Other Activities that receive State Funds</u> |
| Type: _____ | Type: _____ | Type: _____ |

**Exemptions: Employers with fewer than 8 employees (unless disabled, when the number is 15 employees) and landlords of owner-occupied duplex apartments are exempt.
 Statute of Limitations: Employment and Public Accommodations complaints must be filed within 180 days of the discriminating event; Housing complaints must be filed within one year of the qualifying event.*

When did it happen? _____ Most recent occurrence? _____ Is it continuing? _____

Where did it happen? _____

Who discriminated against you? Name _____

Address _____ Please print Phone: _____

Have you filed with any other agency? NO Yes, with _____

Were there any witnesses? NO Yes - Name(s) and contact information: _____

Explain in detail actions which occurred that you believe constitute a discrimination claim:

Can you identify and / or produce any documents or other materials that support your allegations? NO Yes – please list: _____

Additional information or comments:

Action taken by VMWC HRC:

Name of person completing form: _____ *Date* _____