



It is unlawful in the City of Westwood Hills to discriminate against individuals in employment, housing, and public accommodations based on sexual orientation or gender identity. If you believe you have been discriminated against, you may file a claim with the City Clerk’s office using this claim form. All discrimination claims must be filed with the City within 60 days of the last act of discrimination.

Please note that the City of Westwood Hills only investigates discrimination claims based on sexual orientation and gender identity. Discrimination claims based on race, color, religion, national origin, gender, familial status, disability, marital status, military status, or age should be filed with the Kansas Human Rights Commission.

Upon receiving a discrimination claim based on sexual orientation or gender identity, the City will provide the information to our City prosecutor, who will notify the respondents and will give them 30 days to respond in writing to the claim. The City prosecutor will then have 60 days to investigate the claim. Upon completion of the investigation, the prosecutor will determine whether probable cause exists that an unlawful discriminatory practice occurred. If probable cause exists, the prosecutor will notify the complainant and respondents to request conciliation and settlement. If a party refuses to participate, or if a settlement agreement is not executed within 60 days of the date of the finding of probable cause, the matter will be referred to the municipal judge for a hearing. If the municipal judge finds that a violation of the City’s non-discrimination ordinance occurred, the judge can award the complainant actual damages or issue a civil penalty up to \$1,000 for each violation.

Any individual making false, malicious, or unfounded accusations against an entity subject to this non-discrimination ordinance is guilty of a violation, and, upon conviction thereof, shall be punished by a fine of \$100 for each such violation.

COMPLAINANT CONTACT INFORMATION (your contact information)

NAME: _____ TODAY’S DATE: _____

DATE OF BIRTH: _____ PHONE: _____ EMAIL: _____

ADDRESS: _____

RESPONDENT INFORMATION (the person or entity against whom you are filing a complaint)

NAME: _____ PHONE: _____

BUSINESS NAME: _____

ADDRESS: _____

CLAIM INFORMATION

BASIS OF DISCRIMINATION (check all that apply):

GENDER IDENTITY SEXUAL ORIENTATION

HAVE YOU FILED THIS COMPLAINT WITH ANY OTHER AGENCY? YES NO

IF YES, WHAT OTHER AGENCIES HAVE YOU FILED WITH? _____

DATE(S) OF THE ALLEGED DISCRIMINATION: _____

BRIEF DESCRIPTION OF THE ALLEGED DISCRIMINATION

Please provide a brief summary about the incident(s) of discrimination. What did the respondent do? List each action you believe was discriminatory i.e. "I was terminated because of my sexual orientation."

Please attach a detailed statement of the alleged discrimination to this form. Provide all pertinent information, including who, what, when, and where as well as why you believe the treatment you received was because of the basis you checked above.

WERE THERE ANY WITNESSES TO THIS ALLEGED DISCRIMINATION? YES NO

If there were witnesses to the acts of discrimination, please provide the names and phone numbers for each witness: _____

I understand that I may be contacted for additional information upon filling this application with the City of Westwood Hills. I certify that the information provided above is complete and accurate to the best of my knowledge. I also understand that any false, malicious, or unfounded accusations against an entity subject to this non-discrimination ordinance is punishable by a fine of up to \$100 for each violation.

Signature of Complainant

Date