



Kansas Attorney General Derek Schmidt Victim Services Complaint Form

Return form to:
Office of the Attorney General
Victim Services Division
120 SW 10th Ave., 2nd Floor
Topeka, KS 66612-1597

Victim Services Infoline:
785-291-3690
Toll-Free in KS: 1-800-828-9745
www.ag.ks.gov

The purpose of this form is to assist you in filing a complaint with the Victim Services Division of the Office of the Attorney General regarding services you received through a victim service agency in Kansas. You are not required to use this form; a letter with the same information is sufficient. However, the information requested in the items marked with a star (*) must be provided, whether or not the form is used.

1. AGENCY INFORMATION

NAME OF AGENCY FILING COMPLAINT AGAINST*: _____

CITY IN WHICH INCIDENT OCCURRED*: _____

CITY OF AGENCY MAIN OFFICE*: _____

HAVE YOU REPORTED YOUR COMPLAINT TO SOMEONE IN THE AGENCY?* YES NO

IF SO TO WHOM? _____ WHAT WAS THE OUTCOME? _____

DESCRIBE IN DETAIL AND ACCURATELY THE NATURE OF YOUR COMPLAINT (ATTACH ADDITIONAL PAGES IF NECESSARY)*

2. YOUR INFORMATION

NOTE: Your personal information and the comments you provide may be withheld from release under the Kansas Open Records Act, authorized by K.S.A. 45-221(a)(14),(20) and (24) and amendments thereto.

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ COUNTY _____

IF WE NEED TO CONTACT YOU:

WHAT IS THE BEST WAY TO CONTACT YOU? PHONE MAIL E-MAIL

WHAT IS THE BEST TIME TO CONTACT YOU? MORNING AFTERNOON EVENING

DAYTIME PHONE(____) _____ EVENING PHONE (____) _____ E-MAIL _____

3. CONSENT TO RELEASE INFORMATION

The information provided is voluntary. It is intended that the information obtained will be used to provide better services to the public. May we share this information with the agency? (initial one)

I have read and understand the information and do not want THE OFFICE OF THE ATTORNEY GENERAL to reveal my identity to the organization or institution under investigation, or to review, receive copies of, or discuss material and consent information about me, pertinent to the investigation of my complaint. I understand that this is likely to make the investigation of my complaint and getting all the facts more difficult and, in some cases, impossible, and may result in the investigation being closed.

I DO NOT WANT MY COMPLAINT SHARED WITH THE AGENCY_____

I have read and understand the above information and authorize THE OFFICE OF THE ATTORNEY GENERAL to reveal my identity to persons at the organization or institution under investigation and to other agencies that provide financial assistance to the organization or institution or have certification/oversight responsibilities that cover the organization or institution. I hereby authorize THE OFFICE OF THE ATTORNEY GENERAL to receive material and information about me pertinent to the investigation of my complaint. I understand that the material and information will be used for determination regarding my complaint. I further understand that I am not required to authorize this release, and I do so voluntarily.

I GIVE PERMISSION TO SHARE MY COMPLAINT WITH, OR TO CONTACT THE AGENCY ABOUT, MY COMPLAINT._____

OPTIONAL:

Please answer the following questions. The following voluntary information will help us determine whom we serve. This data will be used for statistical purposes only.

1. Your age (circle one): 18-30 31-40 41-50 51-60 Over 60
2. Are you disabled? Yes () No ()
3. If you are a minority member, designate which: _____

No law requires a complainant to give personal information to the Office of the Attorney General, and no sanctions will be imposed on complainants or other individuals who deny this request. However, if this Office fails to obtain information needed to investigate complaint allegations, it may be necessary to close the investigation.