

EMPLOYER COVID-19 VACCINE REQUIREMENT/ EXEMPTIONS COMPLAINT

K-ESLR 2001 (Rev. 1-22)

Date Mailed: «vToday»

DUE DATE: «vReturn Date»

MAIL: Kansas Department of Labor
 Attn: Employment Standards
 401 SW Topeka Blvd.
 Topeka, KS 66603
 FAX: (785) 368-6462
 Email:
 KDOL.EmploymentStandards@ks.gov

The purpose of this form is for an employee to file a complaint against their employer who implemented a COVID-19 vaccine requirement, alleging they failed to offer or provide an exemption from such requirement or otherwise violated Section 1 of 2021 Special Session House Bill (H.B.) 2001.

SECTION 1 – Your Information

Employee name (First, M.I., Last): _____

Employee Mailing Address: Address Line 1 _____ Address Line 2 _____

City _____ State _____ ZIP: _____ Employee email: _____

Employee Phone: _____

1. Are you or were you employed in the state of Kansas for wages you are filing this complaint against?
 Yes No
2. Are you or were you an applicant for employment by the employer?
 Yes No
3. Are you a non-compensated intern or apprentice for the employer?
 Yes No
4. Provide documentation to support questions 1, 2, 3 (e.g., pay stub, schedule for interview, offer letter).

SECTION 2 – Employer Information

Employer Name _____

Employer Address: Line 1 _____ Line 2 _____

City _____ State _____ ZIP: _____ Employer Contact Name: _____

Employer Contact Email: _____ Employer Contact Phone: _____

Employer Contact Fax: _____

1. Is the employer a Kansas employer? *For purposes of this form, a Kansas employer is any person or entity in this state who employs one or more persons and includes the state of Kansas and all political subdivisions of the state.*
 Yes No

SECTION 3 – COVID-19 Vaccine Requirements

1. Did the employer require you to receive an immunization, vaccination or injection against disease caused by the novel coronavirus identified as SARS-CoV-2 or disease caused by a variant of the virus?
 Yes No
2. Did the employer require you to provide documentation certifying receipt of a COVID-19 vaccine?
 Yes No
3. Did the employer enforce a requirement described in question 1 or 2 that is imposed by the federal government or any other entity?
 Yes No
4. When was the COVID-19 vaccine requirement communicated to you by the employer?
Date: _____
5. Please provide a copy of all documents reflecting the employer implemented a COVID-19 requirement.

SECTION 4 – Written Request for Exemption to COVID-19 Vaccine Requirement

1. Did you make a written request for an exemption to the employer’s COVID-19 vaccine requirement (e.g., email, letter)?
 Yes No
2. When did you make the written request to the employer for an exemption to the employer’s COVID-19 vaccine requirement? Date: _____
3. Who did you provide your written request for an exemption to the COVID-19 vaccine requirement to?

Employer Contact Name: _____ Employer Contact Email: _____

Employer Contact Phone: _____ Employer Contact Fax: _____

4. Please provide a copy of the written request for an exemption to the employer’s COVID-19 vaccine requirement that you provided to the employer.

SECTION 5 – Request for Medical Exemption to COVID-19 Vaccine Requirement

1. Did you request a medical exemption to the COVID-19 vaccine requirement?
 Yes No
2. Was your request for a medical exemption accompanied by a written statement signed by a physician or another person who performs acts pursuant to practice agreements, protocols or at the order, direction or delegation of a physician that complying with the employer’s COVID-19 vaccine requirement would endanger your life or health or an individual who you reside with?
 Yes No
3. If the statement was written by a physician, is the physician licensed by the state board of healing arts to practice medicine and surgery?
 Yes No
4. If the statement was written by another person, is that person authorized to perform acts pursuant to practice agreements, protocols or at the order, direction or delegation of a physician who is licensed by the state board of healing arts to practice medicine and surgery?
 Yes No
5. Where is the physician licensed? _____

6. Who wrote the statement? _____

Name: _____ Title: _____

Contact Information (include office address and phone number): _____

SECTION 6 – Request for Religious Exemption to COVID-19 Vaccine Requirement

1. Did you request a religious exemption to the COVID-19 vaccine requirement?
 Yes No
2. Was your request for a religious exemption accompanied by a signed written statement that complying with the employer's COVID-19 vaccine requirement would violate your sincerely held religious beliefs?
(Religious belief is defined in Sec. 1(d)(8) of 2021 Special Session H.B. 2001 to include, but is not limited to, theistic non-theistic moral and ethical beliefs as to what is right and wrong that are sincerely held with the strength of traditional religious views.)
 Yes No

SECTION 7 – Violation of Sec. 1 of 2021 Special Session H.B. 2001

1. Did the employer fail to offer you a medical and/or religious exemption to a Covid-19 vaccine requirement as permitted by Sec. 1 of 2021 Special Session H.B. 2001?
 Yes No
2. Did the employer deny your request for a medical or religious exemption to the COVID-19 vaccine requirement?
 Yes No
3. Optional: Do you allege that the employer *improperly* denied your request for a medical or religious exemption to a COVID-19 vaccine requirement? If so, explain (or respond with "n/a").
4. Who communicated to you that your request for a medical or religious exemption to the COVID-19 vaccine requirement was denied?

Employer Contact Name: _____ Employer Contact Email: _____

Employer Contact Phone: _____ Employer Contact Fax: _____

5. When was the denial of your request for a medical or religious exemption to the COVID-19 vaccine requirement communicated to you? Date: _____
6. Provide a copy of the denial.
7. Did the employer take punitive action against you for requesting or receiving a medical or religious exemption to a COVID-19 vaccine requirement? Check all that apply:
Dismissal Demotion Transfer or Reassignment Suspension
Reprimand Warning of Possible Dismissal Withholding of Work
Assessing any monetary penalty or unreasonable charge Not applicable
8. If you requested a religious exemption to the employer's COVID-19 vaccine requirement, did the employer inquire into the sincerity of your request?
 Yes No

I swear under penalty of perjury under the laws of the state of Kansas that I am the complainant herein; that I have read (or have had read to me) the forgoing complaint and know the contents of this complaint; and that the foregoing is true and correct based on my current knowledge, information, and belief.

Date: _____