CLARK COUNTY OFFICE OF DIVERSITY
SECTION 504 REHABILITATION ACT

COMPLAINT FORM

(Please print form, fill out and mail to (Office of Diversity, 500 S. Grand Central Pkwy, 5th Floor, Las Vegas, NV 89155), or fax to (702) 455-5759), [c1721cts@co.clark.nv.us]

PRINT OR TYPE

_____ _____
YOUR NAME

_____
ADDRESS: STREET APT. CITY/STATE ZIP

_____ _____
WORK TELEPHONE # (IF APPLICABLE) HOME TELEPHONE #

COUNTY EMPLOYEES ONLY:

1. Name of your department and immediate supervisor: _____
2. Your present classification: _____ How long: _____

COUNTY EMPLOYEES AND PRIVATE CITIZENS:

1. Name of the department/individual your complaint is against: _____
2. When did the alleged discrimination occur? (Date): _____
3. This is a complaint of a disability discrimination based upon the failure to provide the following accommodation for County Programs, and/or services:

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4. Have you filed a complaint with any outside governmental agency? If yes, name of agency and date filed: _____

5. Please let us know what corrective action you are seeking to remedy your complaint. (Use extra sheet if necessary.)

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Date Complainant's Signature