



Clark County Department of Business License
Title II of the ADA
Section 504 of the Rehabilitation Act of 1973

COMPLAINT FORM

*(Return completed form to ADA Liaison: T. Ann Aguon Perez at Janine@clarkcountynv.gov
 (702) 455-2241 FAX (702) 678-5232)*

(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:

