

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), [officeofdiversity@clarkcountynv.gov]

PRI	NT OR TYPE			
YOU	UR NAME			
ADI	DRESS: STREET	APT.	CITY/STATE	ZIP
WO	RK TELEPHONE # (IF .	APPLICABLE)	HOME TELEPHONE #	
CO	UNTY EMPLOYEES O	ONLY:		
1.	Name of your departm	ent and immediate supe	rvisor:	
2.	Your present classifica	ution:	How	long:
CO	UNTY EMPLOYEES A	ND PRIVATE CITIZ	ENS:	
1.	Name of the departme	nt/individual your comp	laint is against:	
2.	When did the alleged	discrimination occur? (D	Oate):	
	accommodation for Co	ounty Programs, and/or s	services:	

Please let us kno necessary.)	ow what corrective	re action you ar	e seeking to reme	dy your complaint.	(Use extra s

Last updated: 08/15/17