



CLARK COUNTY OFFICE OF DIVERSITY TITLE VI COMPLAINT FORM

Title VI of the Civil Rights Act of 1964, and other related laws and regulations, provide that no person shall on the grounds of race, color or national origin, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity receiving federal funds.

Please provide the following information necessary in order to process your complaint. You are not required to use this form, a written statement containing the same information is sufficient. However, the information requested must be provided. ADA assistance is available upon request. You may contact the Clark County's Office of Diversity to receive communication in an alternate format.

All complaints must be filed within 180 days of the occurrence of the alleged act. Please submit your complaint to Office of Diversity, 500 S. Grand Central Pkwy, 5th Floor, Las Vegas, NV 89155, or fax to (702) 455-5759, or email bonillal@clarkcountynv.gov

PRINT OR TYPE

1. Complainant's Name and Address

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

2. Person(s) Discriminated Against, if Different from Above

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

3. County Department, Contractor, or Subrecipient that Discriminated

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

