**Steve Sisolak** Governor

**Carson City Offices:** 

Public Works Section

Director

**Deonne E. Contine** 

**Ward Patrick** Administrator

Las Vegas Offices: Public Works Section 2300 McLeod Street Las Vegas, Nevada 89104

(702) 486-5115 | Fax (702) 486-5094 **Buildings & Grounds Section** (702) 486-4300 | Fax (702) 486-4308

STATE OF NEVADA **DEPARTMENT OF ADMINISTRATION Public Works Division** (775) 684-4141 | Fax (775) 684-4142

**Buildings & Grounds Section** (775) 684-1800 | Fax (775) 684-1821

515 East Musser Street, Ste. 102

Carson City, Nevada 89701-4263

## State of Nevada Department of Administration **Public Works Division Americans with Disabilities Act** Title II **Discrimination Complaint Form**

A complaint must be filed within 120 Days of the Alleged Violation

Complainant:	
Name:	Date
Address:	
City:	
	Country:
Telephone Home:	Telephone Business:
Email:	_
State Program or State Facility	where alleged violations took place:
Building Name (if available)	
Building Address	
City	

Please discuss the alleged discrimination i	n sufficient detail:		
When did the alleged discrimination occur?	Date:		
Have you discussed the issues with the Mana (Please Select)	ager of the Program or Fac Yes	cility in question? No	
If yes please indicate person Contacted and	Phone Number if known:		
Has a complaint been filed with another Bur Rights Agencies?	eau i.e.: Department of Jus	stice or any other Federal, State or	Civil
(Please Select)	Yes	No	
If yes please indicate Agency or Court:			
Signature of Complainant and/or his/her des	ignee:	·	
Printed Name of Complainant and/or his/her	designee:		
Please mail this completed form to:			
State of Nevada, Department of Administrat Public Works Division	ion		
Statewide ADA Project Manager 515 E. Musser Street, Suite 102 Carson City Nevada 89701-4263			