

**Joe Lombardo**  
*Governor*



**Jack Robb**  
*Director*

**Wilfred J. Lewis, Jr.**  
*Administrator*

**Carson City Office:**  
680 W. Nye Ln, Suite 103  
Carson City, Nevada 89703  
Phone: (775) 684-4141

**STATE OF NEVADA**  
**DEPARTMENT OF ADMINISTRATION**  
***PUBLIC WORKS DIVISION***

**Las Vegas Office:**  
2300 McLeod Street  
Las Vegas, Nevada 89104  
Phone: (702) 486-5115

**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: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ 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 in sufficient detail:**

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When did the alleged discrimination occur? Date: \_\_\_\_\_

Have you discussed the issues with the Manager of the Program or Facility in question?  
(Please circle) Yes No

If yes please indicate person Contacted and Phone Number if known:

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Has a complaint been filed with another Bureau i.e.: Department of Justice or any other Federal, State or Civil Rights Agencies?  
(Please circle) Yes No

If yes please indicate Agency or Court: \_\_\_\_\_

Signature of Complainant and/or his/her designee: \_\_\_\_\_

Printed Name of Complainant and/or his/her designee: \_\_\_\_\_

Please mail this completed form to:

State of Nevada, Department of Administration  
Public Works Division  
Statewide ADA Project Manager  
515 E. Musser Street, Suite 102  
Carson City, Nevada 89701-4263