

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 Title VI Coordinator to receive communication in an alternate format.

All complaints must be filed within 180 days of the occurrence of the alleged act. Clark County Department of Aviation will notify and forward the complaint to the Federal Aviation Administration (FAA) within 15 days of receipt along with resolution efforts being taken. Please submit your complaint to the Title VI Coordinator via email to:

ADAcoordinator@mccarran.com, or mail to: Harry Reid International Airport, ADA Coordinator, ATTN: Danielle Mose, 5757 Wayne Newton Blvd., Las Vegas, NV 89119, or fax to (702) 261-5096.

PRINT OR TYPE

Home Phone: Cell Phone:

. County Departme	ent, Contractor, or Sub recipient tha	at discriminated
lame:		
Address:		
City:	State:	Zip code:
Home Phone:	Work Phone:	Cell Phone:
. What was the dis	crimination based on? (Check all tl	hat apply):
Race	National Origin	
Color	Limited English Proficiency	
. Date(s) the allege	ed discrimination occurred?	
s. Please explain as occurred and who w nclude how other p	was responsible and involved, and, persons were treated differently tha , and attach a copy of any written m	nother) were discriminated against, w why you believe it occurred. Be sure in you. (Please use additional sheets naterials pertinent to your claim).
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7. Have you filed a complaint with any outside governmental agency? If yes, name of agency and date filed:			
8. Please let us know what corrective action extra sheet if necessary.)	n you are seeking to remedy your complaint. (Us	е	
9. Sign and Date the Complaint			
Date	Complainant's Signature	-	