

Complaint Form – Disability Based Discrimination

Nevada Department of Transportation – External Civil Rights
ADA/504 Program
1263 South Stewart Street
Carson City, NV 89712
Ph: (775) 888-7193; Fax: (775) 888-7235; TTY: (855) 878-6368
Email: ADAProgram@dot.state.nv.us



Complainant Information:

Name: _____ Phone: _____ Alt No: _____

Mailing Address: _____ City/State/Zip: _____

Email: _____

Preferred method of contact:

Email Telephone Mail Other _____

Nature of complainant disability:

Incident details:

Date & Time:

Location (include street name(s) or route #, nearest cross streets, landmarks, etc.)

Provide a detailed explanation of the denied accessibility incident:

Select each of the following that is applicable to the denied access of complainant:

Public Rights-of Way Program Service Activity

Proposed solution to complaint:

Has any other agency been contacted regarding this request? Yes No

If yes, what agency or agencies did you contact? _____

Who were the agents you spoke with? _____