

Complaint Form – Disability Based Discrimination

Nevada Department of Transportation – External Civil Rights
ADA/504 Program
1263 South Stewart Street
Carson City, NV 89712
Phone: (775) 888-7215; Fax: (775) 888-7235
TTY: (855) 878-6368
Email: ADAProgram@dot.state.nv.us



Complainant Information:

Name: _____ Phone: _____ Alternate Phone: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Email: _____ Today's Date: _____

Preferred method of contact:

Email Telephone Mail Other

Nature of complainant disability:

Incident details:

Date: _____ Time: _____
Location (include street name(s) or route number, nearest cross streets, landmarks, facility name, etc.)

Provide a detailed explanation of the accessibility barrier or discrimination:

Select each of the following that are applicable to the access barrier or discrimination complaint:

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? _____