

## 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](mailto: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? \_\_\_\_\_