



## Civil Rights Discrimination Complaint Form

### 1. Complainant Information

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Preferred Method of Contact (Phone, Email, Mail): \_\_\_\_\_

Best Time to Contact (Morning, Afternoon, Evening): \_\_\_\_\_

### 2. Person/Organization You Are Filing the Complaint Against

Name: \_\_\_\_\_

Organization (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone Number (if known): \_\_\_\_\_

### 3. Location of Alleged Discrimination

Program or Property Name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

### 4. Date(s) of Alleged Discrimination

Start Date: \_\_\_\_\_

End Date (if applicable): \_\_\_\_\_

Ongoing (check if applicable): \_\_\_\_\_

### 5. Basis for Discrimination (Check all that apply)

☐ Race ☐ Color ☐ National Origin ☐ Religion

☐ Sex (including gender identity and sexual orientation) ☐ Familial Status  
(including presence of children)

☐ Disability ☐ Age ☐ Other (please specify): \_\_\_\_\_

#### 6. Details of the Alleged Discrimination

(Please describe the incident(s) in detail. Attach additional pages if needed.)

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#### 7. Witnesses or Others Involved (if applicable)

Name: \_\_\_\_\_

Contact Information: \_\_\_\_\_

Relationship to Incident: \_\_\_\_\_

#### 8. Other Agency Involvement

Have you filed this complaint with another agency? ☐ Yes ☐ No

If yes, name, date, and agency complaint was filed with:

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#### 9. Desired Outcome

(What would you like to see happen as a result of this complaint?)

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#### 10. Certification

I certify that the information I have provided is true and correct to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return completed form to:**

Washoe County Human Services Agency  
350 S. Center Street  
Reno, NV 89501  
Phone: (775) 325-8223  
Email: CoCMatchmaker@washoecounty.gov

**Alternative Filing Option**

You may also submit your complaint directly to HUD:

U.S. Department of Housing and Urban Development  
Office of Fair Housing and Equal Opportunity  
451 7th Street SW  
Washington, DC 20410  
Phone: 1-800-669-9777 TTY: 1-800-927-9275  
Online: <https://www.hud.gov/fairhousing/fileacomplaint>