



Washoe County Title VI Complaint Form

Title VI of the Civil Rights Act of 1964 states "No person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance."

Please provide the following information to process your complaint. Assistance is available upon request by contacting the Civil Rights Office of Washoe County. Complete this form and email, US mail or deliver in person to:

Washoe County
Human Resources – Title VI
1001 E. Ninth Street, Room A220, Reno, NV 89521
Coordinator:
Elizabeth Jourdin, ejourdin@washoecounty.gov
775-328-2801

1. Complainant's Name (please print): _____

2. Street Address: _____

3. City: _____ State: _____ Zip Code: _____

4. Telephone No. (Home): _____ Cell): _____

5. Person discriminated against (if other than complainant)

Name (please print): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone No. (Home): _____ Cell): _____

6. What was the discrimination based on? (Check all that apply):

Race

Color

National Origin

7. Date of incident resulting in discrimination: _____

8. Describe how you were discriminated against, including details of the incident, location, persons involved. For additional space, attach additional sheets of paper or use back of form.

9. Did you file this complaint with another federal, state or local agency, or with a federal or state court? (Check the appropriate space) Yes No

If your answer is yes, check each agency that a complaint was filed with:

- Federal Agency Federal Court State Agency State Court
 Local Agency Other

10. Provide the contact person information for the agency you also filed the complaint with:

Name of Agency (please print): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Date Filed: _____

Sign below prior to submitting form. Please attach any supporting documents or information that can be helpful in evaluating your claim.

Complainant's Signature

Date