



# Washoe County

## Title II of ADA Complaint Form

**Title II of the 1990 Americans with Disabilities Act (ADA)** requires state/local governments to give people with disabilities an equal opportunity to benefit from all of their programs, services, and activities. State/local governments cannot deny people with disabilities the chance to participate or make them participate in different programs than available to others.

Please provide the following information necessary in order to process your complaint. Assistance is available upon request. Complete this form and mail or deliver to:

Washoe County Human Resources – Civil Rights, 1001 E. Ninth Street, Room A220, Reno, NV 89521

Complainant's Name (please print): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone No. (Home): \_\_\_\_\_ Telephone No. (Cell): \_\_\_\_\_

Person discriminated against (if other than complainant)

Name (please print): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone No. (Home): \_\_\_\_\_ Telephone No. (Cell): \_\_\_\_\_

Identify the program or activity of Washoe County for which the qualifying individual was denied access, by reason of his or her disability:

\_\_\_\_\_

Date of incident resulting in discrimination: \_\_\_\_\_

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.

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Please provide a suggestion or recommended resolution for the complaint:

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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

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

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date Filed: \_\_\_\_\_

Sign below and be sure to attach or provide any supporting information that you believe may support your claim.

\_\_\_\_\_  
Complainant's Signature

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