

Washoe County

Section 504 Complaint Form

Section 504 of the Rehabilitation Act of 1973: Section 504 provides that no qualified individual with a disability should, only by reason of his or her disability, be excluded from the 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 necessary in order to process your complaint. Assistance is available upon request. Complete this form and mail or deliver to: (Organization), (Contact), (Address), (City, State Zip).

1.	Complainant's Name (please print):		=				
2.	Street Address:						
3.	City:	State:	Zip Code:				
4.	Telephone No. (Home):	(Cell <u>):</u>					
5.	Person discriminated against (if other than complainant)						
Name (please print):							
Street Address:							
Ci	ity:	State:	Zip Code:				
Τe	elephone No. (Home):	(Cell <u>):</u>					
6.	Identify the program or activity of Washoe Coundenied access, by reason of his or her disability?						
7.	Date of incident resulting in discrimination: /	/					



8.	Describe how you were discriminated against. What happened and who was responsible? For additional space, attach additional sheets of paper or use back of form. Please include the Dates, times and locations involved.					
					<u> </u>	
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:					
	Street Address:					
	City:		State:	Zip Code:		
	Date Filed:					
11	Sign below and be sure to attach or provide any supporting information that you believe may support your claim.					
	Complainant's Sign	ature		Signature Date		