



# 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 necessary in order to process your complaint. Assistance is available upon request. Complete this form and mail or deliver to:

Washoe County, Title VI Coordinator  
1001 E 9<sup>th</sup> St.  
Suite A201  
Reno, NV 89523

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1. Complainants Name (Please print): \_\_\_\_\_

2. Address: \_\_\_\_\_

3. City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

4. Telephone No: (Home) \_\_\_\_\_ (Business): \_\_\_\_\_

5. Person discriminated against (if other than Complainant)

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

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

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

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

Race/ Color

Low Income

Disability

National Origin

Sex

Limited English Proficiency

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

8. Where did the incident take place?

9. What Washoe County representatives is the complainant alleging were involved?

10. Describe how you were discriminated against. What happened and who was responsible? For additional space, attach additional sheets of paper or use back of this form.

11. What corrective action is being sought by the complainant?

12. Witnesses? Please provide their contact information.

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone Numbers: (Home) \_\_\_\_\_ (Business) \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone Numbers: (Home) \_\_\_\_\_ (Business) \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone Numbers: (Home) \_\_\_\_\_ (Business) \_\_\_\_\_  
\_\_\_\_\_

13. 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 answer is yes, check each agency complaint was filed with:

\_\_\_ Federal Agency    \_\_\_ Federal Court    \_\_\_ State Agency  
\_\_\_ State Court    \_\_\_ Local Agency    \_\_\_ Other

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

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Date filed: \_\_\_\_\_  
  
\_\_\_\_\_

Sign the complaint in the space below. Attach any documents you believe supports your complaint.

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