

Title VI Complaint Form -English

Section I:

First Name: _____ Middle Name: _____ Last Name:

Mailing Address:

City: _____ State: _____ Zip Code: _____ County:

Telephone 1: _____ Telephone 2: _____ Telephone 3:

Email Address:

Are you filing a complaint on your own behalf? Yes: No: please complete Section II.

Section II:

Person Discriminated against (if someone other than complainant):

First Name: _____ Middle Name: _____ Last Name:

Mailing Address:

City: _____ State: _____ Zip Code: _____ County:

Telephone 1: _____ Telephone 2: _____ Telephone 3:

Email Address:

Section III:

I believe that I, or someone else, have been discriminated against on the basis of:

- Race National Origin
- Color
- Religion

Section II:

Date of Incident: _____ Time of Incident:
_____ AM / PM

Section V:

Have you filed a lawsuit regarding this complaint? Yes: No:

Section VI:

Have you filed a complaint with any other local, state, or federal agency, or any federal or state court? Yes: No:

If yes, provide name of all agencies and contact information on following page:

Agency type (select one):

Local: State or State Court: Federal or Federal Court:

Name of Agency:

Contact Name:

Contact Telephone Number:

Contact Email:

Agency type (select one):

Local: State or State Court: Federal or Federal Court:

Name of Agency:

Contact Name:

Contact Telephone Number:

Contact Email:

Agency type (select one):

Local: State or State Court: Federal or Federal Court:

Name of Agency:

Contact Name:

Contact Telephone Number:

Contact Email:

Agency type (select one):

Local: State or State Court: Federal or Federal Court:

Name of Agency:

Contact Name:

Contact Telephone Number:

Contact Email:

Agency type (select one):

Local: State or State Court: Federal or Federal Court:

Name of Agency:

Contact Name:

Contact Telephone Number:

Contact Email:

You may include any written materials or additional information that you believe supports your complaint.

Check here if additional pages or other materials are attached:

Mail Submittal :

Storey County Administrative Officer
Title VI Coordinator
PO Box 176
Virginia City, NV 89440

In-Person Delivery:

Storey County Administrative Officer
Title VI Coordinator
26 South "B" Street
Virginia City, NV 89440

FAX Submittal: (775) 847-0949

Signature of complainant (required)

Date

Title VI Coordinator Signature

Date Received

