

General Complaint Form -English

Storey County is committed to extending nondiscrimination requirements to include associated nondiscrimination regulations including but not limited to the Federal Highway Act of 1973 (Sex), the Age Discrimination Act of 1975 (Age), the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973 (Disability).

Please provide the following information necessary to process your complaint. Assistance is available upon request.

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:

- Sex _____
- Age _____
- Disability _____
- Other (please list): _____

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:

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

