



COMPLAINT FORM

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone number: _____

Email Address: _____

Relationship to Complainant: _____

Name of Complainant (If not named above): _____

Basis of Alleged Discrimination: (Check all the apply)

☐ Race ☐ Color ☐ Sex ☐ Age ☐ Disability ☐ National Origin ☐ English Proficiency

☐ Retaliation ☐ Intimidation

Date(s) of Alleged Discriminatory Action: _____

Describe alleged discriminatory conduct and requested remedy. *(Attach documents, if needed)*

Prior Complaints: Has the complainant filed a complaint involving the same or similar facts or circumstances with a federal, state, or local agency or in federal or state court? ☐ Yes ☐ No

If you marked "yes," please attach the filed complaint and, if applicable, any resolution to the complaint by agreement, decision, or otherwise.

Date: _____ **Signature:** _____

Submit by Mail or Email to:

Nevada Division of Environmental Protection

Attn: Frederick J. Perdomo, Nondiscrimination Coordinator

901 South Stewart Street, Suite 4001

Carson City, Nevada 89701

Nondiscrimination_Coordinator@ndep.nv.gov