

Joe Lombardo, *Governor*James A. Settelmeyer, *Director*Jennifer L. Carr, *Administrator*

Title VI Complaint Form

Name:			
Address:			
City:	State:	Zip:	
Phone Number:			
Alternate Phone Number:			
Name of Person Alleging Discrimination: (if someone other than complainant listed above)			
			
Basis of Alleged Discriminato	ry Action (Check all that apply)		
\square Race \square Color \square Sex \square Age \square Disability \square National Origin \square English Proficiency			
Date(s) of Alleged Discrimina	tory Action:		
Describe alleged discriminato	ry conduct and requested reme	dy. (Attach documents if needed)	
•	nplainant filed a complaint invo state, or local agency in a federa	lving the same or similar facts or all or state court? ☐ Yes ☐ No	
• • • • • • • • • • • • • • • • • • • •	ease attach the filed complaint reement, decision, or otherwise	and, if applicable, any resolution e.	
Date:S	ignature:		
Submit by Mail or Email to: Nevada Division of Environme Attn: Title VI Coordinator 901 South Steward Street, sui Carson City, Nevada 89701 Title_VI_Coordinator@ndep.r	te 4001		