

**STATE OF NEVADA  
DEPARTMENT OF EMPLOYMENT, TRAINING AND REHABILITATION**

**NEVADA EQUAL RIGHTS COMMISSION**

***INSTRUCTIONS For Completing: Public Accommodations Complaint Form***

- ❖ Please clearly print your answers
- ❖ Answer all questions as completely as possible.
- ❖ If you require additional writing space, you may use a separate piece of paper.
- ❖ Your *Complaint Form* must be signed and dated.
- ❖ Your complaint must be filed with NERC within 300 days of the last alleged discriminatory act to be accepted for review and processing by NERC.
- ❖ When your complaint is received it will be reviewed by an Intake Officer. If it becomes necessary to schedule an interview, NERC staff will contact you to make arrangements.

**Section “A”:** Please complete all the information in this section. This information is protected by Nevada’s Confidentiality/Disclosure laws.

**Section “B”:** Enter the name, location and local telephone number of the company of which your complaint is against. You may be asked later for additional information, such as the company’s headquarters location.

**Section “C”:** Provide the name, mailing address and telephone number of a person who can help us contact you (mother, father, sister, brother, aunt, uncle, grandparents, close friend). By providing information on a person who does not live with you, our ability to contact you will be enhanced.

**Section “D”:** Indicate the date of the incident.

**Section “E”:** Tell us what kind of discrimination you are claiming. Check only the area(s) you feel are the reason(s) you believe you were discriminated against. For each area checked, fill in the applicable information. For example, if you check “RACE,” tell us your race.

**Section “F”:** Provide the name(s) of the individual(s) you are claiming discriminated against you. State “unknown” if you do not know the individual’s name.

**Section “G”:** Provide the information regarding witnesses to the alleged act(s) of discrimination. Include addresses, if known.

**Section “H”:** Tell us what event occurred that you believe was discriminatory. Include as much detail as possible, including the time of the incident.

**Section “I”:** Sign and Date.

**Submit your form to either:**

**Nevada Equal Rights Commission  
Phone: (702) 486-7161 Fax: (702) 486-7054  
1820 E. Sahara Ave., Suite 314  
Las Vegas, Nevada 89104**

**Nevada Equal Rights Commission  
Phone: (775) 823-6690 Fax: (775) 688-1292  
1325 Corporate Blvd., Room 115  
Reno, Nevada 89502**



F)

List the name(s) of the individual(s) that you are claiming participated in the alleged discrimination:

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Title they hold

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Title they hold

G)

List any witnesses to the alleged discrimination:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Home Address/Cell Phone/Home Phone

\_\_\_\_\_  
Name

\_\_\_\_\_  
Home Address/Cell Phone/Home Phone

\_\_\_\_\_  
Name

\_\_\_\_\_  
Home Address/Cell Phone/Home Phone

H)

Explain how you were treated: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Continue on separate page, if necessary).

I)

I swear/affirm under penalty of perjury that the foregoing is true to the best of my information and belief.

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