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

## **NEVADA EQUAL RIGHTS COMMISSION**

INSTRUCTIONS For Completing: <u>Public Accommodations Complaint Form</u>

- 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 <u>last alleged discriminatory act</u> 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

## State of Nevada Department of Employment, Training and Rehabilitation Equal Rights Commission

## **Public Accommodation Discrimination Complaint Form**

The Nevada Equal Rights Commission is charged with the enforcement of employment, housing and public accommodations, state and federal discrimination laws, under NRS 233 and 613 inclusive; Title VII of the Civil Rights Act of 1964, as amended; Age Discrimination in Employment Act of 1967, as amended; and Equal Employment Opportunity Commission procedural regulations; housing NRS 118 and Public Accommodations NRS 651.

NOTE: Your complaint must be filed within 300 days from the last alleged discriminatory act.

PLEASE PRINT CLEARI						
Your Name: Mr. / Ms.	Last Name	First Name	Date of Birth:	Month		
				Monu	Day	1 Cai
Mailing Address:	Number & Street	t	Apt/Space #			
	City	State	Zip Code			
Telephone:	•		(Cell)			_ (email)
Business Name:		* ** 1'	Phone:			_
·	·	you believe discrimina	•			
Physical Address:		Apt/Space/Room	City	State		Zip Coo
Give the name of some	eone who can hel	p us reach you.	Relationship:			
Name:			Telephone: (	)		
Name: Last Name	J	First Name	<del></del>			
A ddmaga.						
Address:		Train.	~			-
Street	Apt/Spac	ce/Room	City State		Zip Co	de
Street	Apt/Spac	ce/Room	City State		Zip Co	de
Street  Date of Incident:	Apt/Spac	ce/Room	City State		Zip Co	de
Street	Apt/Spac	ce/Room	City State		Zip Co	de
Street	Apt/Spac	ce/Room	City State		Zip Co	de
Date of Incident:  This is a complaint of <u>di</u>	Apt/Spac	ed upon:	City State  discriminatory act(s) that			
Date of Incident:  This is a complaint of <u>di</u>	Apt/Spaces	ed upon: ou believe caused the	City State  discriminatory act(s) tha		claimin	<i>gg</i> )
Date of Incident:  This is a complaint of do  (Mark only the	Apt/Space  iscrimination base reasons which you	ed upon: ou believe caused the	City State  discriminatory act(s) that  [ ] Rel	at you are	claimin	<i>ig</i> )

First Name	Last Name	Title they hold
First Name	Last Name	Title they hold
List any witnesses to	the alleged discrimination:	
Name	Home Ac	dress/Cell Phone/Home Phone
Name	Home Ac	dress/Cell Phone/Home Phone
Name	Home Ac	dress/Cell Phone/Home Phone
Explain how you we	re treated:	
Explain how you we		
(Continue on separat	e page, if necessary).	