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
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 CLEARLY

A) Your Name: Mr. / Ms. ___________________________ Date of Birth: ___________________________

   Last Name           First Name               Month       Day       Year

Mailing Address: ________________________________________________________________

   Number & Street                        Apt/Space #

   City                        State       Zip Code

Telephone: ___________________(Home)  ___________________ (Cell)  ___________________(email)

B) Business Name: ___________________________ Phone: ___________________________

   (Name the business that you believe discriminated against you).

Physical Address: ________________________________________________________________

   Street                        Apt/Space/Room                        City       State       Zip Code

C) Give the name of someone who can help us reach you.                Relationship: ___________________________

   Name: ___________________________ Telephone: (___)_____________________

   Last Name           First Name

Address: ________________________________________________________________

   Street                        Apt/Space/Room                        City       State       Zip Code

D) Date of Incident: ___________________________

E) This is a complaint of discrimination based upon:

   (Mark only the reasons which you believe caused the discriminatory act(s) that you are claiming)

   [ ] Race ___________ [ ] Color ___________ [ ] Religion ___________ 
   [ ] Disability ___________ [ ] National Origin ___________ [ ] Sex ___________
   [ ] Sexual Orientation ___________ [ ] Gender Identity or Expression ___________
List the name(s) of the individual(s) that you are claiming participated in the alleged discrimination:

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Title they hold</th>
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<tbody>
<tr>
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<td></td>
<td></td>
</tr>
<tr>
<td>First Name</td>
<td>Last Name</td>
<td>Title they hold</td>
</tr>
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</tbody>
</table>

List any witnesses to the alleged discrimination:

<table>
<thead>
<tr>
<th>Name</th>
<th>Home Address/Cell Phone/Home Phone</th>
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Explain how you were treated: _________________________________________________________
________________________________________________________________________________
____________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

(Continue on separate page, if necessary).

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

Signature: ___________________________ Date: _______________