
4. Have you filed a complaint with any outside governmental agency? If yes, name of agency and date filed:

5. Please let us know what corrective action you are seeking to remedy your complaint. (Use extra sheet if necessary.)

PLEASE SUBMIT YOUR COMPLAINT TO: RICHARD BLUT, ADA/SECTION 504 COORDINATOR AT – 5757 Wayne Newton Blvd., Las Vegas, NV 89119), or fax to (702) 261-5096, or email to richardbl@mccarran.com.

IF YOU NEED ASSISTANCE IN COMPLETING THIS FORM, OR NEED THE FORM IN AN ALTERNATIVE FORMAT, PLEASE CONTACT THE COORDINATOR AT (702) 261-5157 or (702) 261-3111[TDD].

YOU MAY ALSO CONTACT THE COORDINATOR’S OFFICE BY TELEPHONE TO REGISTER YOUR COMPLAINT.

Date

Complainant’s Signature