Title VI of the Civil Rights Act of 1964, and other related laws and regulations, provide that no person shall on the grounds of race, color or national origin, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity receiving federal funds.

Please provide the following information necessary in order to process your complaint. You are not required to use this form, a written statement containing the same information is sufficient. However, the information requested must be provided. ADA assistance is available upon request. You may contact the Title VI Coordinator to receive communication in an alternate format.

All complaints must be filed within 180 days of the occurrence of the alleged act. Clark County Department of Aviation will notify and forward the complaint to the Federal Aviation Administration (FAA) within 15 days of receipt along with resolution efforts being taken. Please submit your complaint to the Title VI Coordinator via email to lisah@mccarran.com, mail to McCarran International Airport, Lisa Hogan, 5757 Wayne Newton Blvd., Las Vegas, NV 89119, or fax to (702) 261-5747.

PRINT OR TYPE

1. Complainant’s Name and Address

Name: _______________________________________________________________________
Address: _____________________________________________________________________
City: ___________________________ State:_______________ Zip code: _____________
Home Phone:________________ Work Phone:_______________ Cell Phone:______________

2. Person(s) Discriminated Against, if Different from Above

Name: _______________________________________________________________________
Address: _____________________________________________________________________
City: ___________________________ State:_______________ Zip code: _____________
Home Phone:________________ Work Phone:_______________ Cell Phone:______________
3. County Department, Contractor, or Subrecipient that Discriminated

Name: ________________________________________________________________

Address: _______________________________________________________________________

City: ___________________________ State:_______________ Zip code: _____________

Home Phone:_______________ Work Phone:_______________ Cell Phone:______________

4. What was the discrimination based on? (Check all that apply):

_______Race _______National Origin

_______Color _______Limited English Proficiency

5. Date(s) the alleged discrimination occurred?

Dates(s): ________________________________

6. Please explain as clearly as possible how you (or another) were discriminated against, what occurred and who was responsible and involved, and, why you believe it occurred. Be sure to include how other persons were treated differently than you. (Please use additional sheets of paper, if necessary, and attach a copy of any written materials pertinent to your claim).

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

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

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

9. Sign and Date the Complaint

_________________________  ________________________________
Date                   Complainant’s Signature

Revised: 8/11/17