

## City of Henderson Title VI Complaint Form – English

Title VI of the Civil Rights Act of 1964 states "No person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance."

Please provide the following information necessary in order to process your complaint. Assistance is available upon request. Complete this form and submit to deliver to: City of Henderson, Title VI Coordinator, Leslie Nix, 240 S. Water Street, Henderson, NV [89015.TitleVI@cityofhenderson.com](mailto:89015.TitleVI@cityofhenderson.com), fax to 702-267-1702.

Complainant's Name (please print): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone No. (Home or Cell): \_\_\_\_\_

Name of Person discriminated against (if other than complainant): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone No. (Home or Cell): \_\_\_\_\_

What was the discrimination based on? (Check all that apply): ☐ Race ☐ Color ☐ National Origin

Date of incident resulting in discrimination Month/Day/Year: \_\_\_\_/\_\_\_\_/\_\_\_\_

Describe how you were discriminated against. What happened and who was responsible

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Name and Title of Person Discriminating: \_\_\_\_\_

Corrective Action Desired:

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Did you file this complaint with another federal, state or local agency, or with a federal or state court? (If Yes please indicated which agency you filed with) ☐ Yes ☐ No

☐ Federal Agency

☐ Federal Court

☐ State Agency

☐ State Court

☐ Local Agency

☐ Other

Provide the contact information for the agency you filed the complaint with:

Name and Title of Contact: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone No. (Home or Cell): \_\_\_\_\_

Date Filed: \_\_\_\_\_

Sign below and be sure to attach or provide any supporting information that you believe may support your claim.

\_\_\_\_\_  
Complainant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
**Do Not Continue, City use only below this line:**

\_\_\_\_\_  
Received by

\_\_\_\_\_  
Date

\_\_\_\_\_  
NDOT Submission

\_\_\_\_\_  
Date