



## Complaint Form – Disability Based Discrimination

*Please fill out this form completely, in black ink or type. Sign and return to the address or email below.*

### Complainant Information:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Alternate Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

### Incident details:

Date & Time: \_\_\_\_\_  
Location: \_\_\_\_\_

### Provide a detailed explanation of the incident (attach separate sheet, if necessary):

### Proposed solution to complaint:

### Have you discussed your concern with anyone at DMV?

Yes: \_\_\_\_\_

No: \_\_\_\_\_

If yes, with whom was this complaint discussed with?

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

What was discussed with you?

### Has another agency been contacted regarding this complaint?

Yes: \_\_\_\_\_

No: \_\_\_\_\_

If yes, what agency or agencies did you contact? \_\_\_\_\_

Name of the person you spoke with? \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

**By giving my signature below, I acknowledge that the information provided above is true and accurate to the best of my knowledge. I will be contacted by a NV DMV official in regards to this complaint.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Rev: 09/2024

### Return to:

Nevada Department of Motor Vehicles  
Director's Office  
555 Wright Way  
Carson City, NV 89711-0900