Clark County Department of Aviation
Title VI

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: ADAcoordinator@mccarran.com, or mail to: Harry Reid International Airport, ADA Coordinator, ATTN: Danielle Mose, 5757 Wayne Newton Blvd., Las Vegas, NV 89119, or fax to (702) 261-5096.

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 Sub recipient 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).

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7. Have you filed a complaint with any outside governmental agency? If yes, name of agency and date filed:
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8. Please let us know what corrective action you are seeking to remedy your complaint. (Use extra sheet if necessary.)
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9. Sign and Date the Complaint

Date __________________________ Complainant’s Signature

Revised: 1/10/23