Clark County Department of Aviation
Section 504 Rehabilitation Act

Complaint Form

Please print form, fill out form and email to: ADAcoordinator@mccarran.com, mail to: Harry Reid International Airport, ADA Coordinator, ATTN: Danielle Mose, 5757 Wayne Newton Blvd., Las Vegas, NV 89119, or fax to (702) 261-6030.

PRINT OR TYPE

YOUR NAME

ADDRESS:

STREET
APT.
CITY/STATE
ZIP

WORK TELEPHONE # (IF APPLICABLE) HOME TELEPHONE #

COUNTY EMPLOYEES ONLY:
1. Name of your department and immediate supervisor: ________________________________
2. Your present classification: ____________________________ How long: ________________

COUNTY EMPLOYEES AND PRIVATE CITIZENS:
1. Name of the department/individual your complaint is against: ____________________________
2. When did the alleged discrimination occur? (Date): ________________________________
3. This is a complaint of a disability discrimination based upon the failure to provide the following accommodation for County Programs, and/or services:

   __________________________________________________

   __________________________________________________

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   __________________________________________________
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.)
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
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PLEASE SUBMIT YOUR COMPLAINT TO: Danielle Mose, ADA/SECTION 504 COORDINATOR AT – 5757 Wayne Newton Blvd., Las Vegas, NV 89119, or fax to (702) 261-6030, or email to ADAcoordinator@mccarran.com.

IF YOU NEED ASSISTANCE IN COMPLETING THIS FORM, OR NEED THE FORM IN AN ALTERNATIVE FORMAT, PLEASE CONTACT THE COORDINATOR AT (702) 261-4562 or (702) 261-3111[TDD].

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

Date __________________________ Complainant’s Signature __________________________