



**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

STREET APT. CITY/STATE ZIP ADDRESS:

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:

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.)

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