



JOE LOMBARDO
Governor

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF WELFARE AND SUPPORTIVE SERVICES

RICHARD WHITLEY, MS
Director

ROBERT THOMPSON
Administrator

DISCRIMINATION COMPLAINT FORM

Name:		Date:
Mailing Address:		
Telephone No.: () -	Social Security No.:	

Please mark what assistance you are applying for or receiving through the Division of Welfare and Supportive Services (DWSS) (*check all that apply*).

- | | |
|---|---|
| <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) | <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) |
| <input type="checkbox"/> Energy Assistance Program (EAP) | <input type="checkbox"/> Child Care |
| <input type="checkbox"/> Medicaid/Medical | <input type="checkbox"/> Other _____ |

On what basis do you believe you have been discriminated against?

- | | | | |
|--|--------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Age | <input type="checkbox"/> Color | <input type="checkbox"/> Disability | <input type="checkbox"/> Sex |
| <input type="checkbox"/> National Origin | <input type="checkbox"/> Race | <input type="checkbox"/> Religion | <input type="checkbox"/> Political Beliefs |

Who do you believe has discriminated against you? _____
(specific person, agency, facility, etc.)

Please provide a description of the circumstances that occurred to make you believe you have been discriminated against. (If you need additional space, please use a separate sheet of paper.)

Your complaint will be submitted to the District Office Manager for investigation. You will receive a letter from the Office Manager notifying you of the findings of the investigation. The result of the investigation, along with your complaint, will be forwarded to the DWSS' Civil Rights Coordinator for review. Your complaint will then be forwarded to the appropriate federal civil rights office, depending on what program(s) you are applying for or receiving.

_____	_____	____/____/____	_____
Client Signature	Print Name	Date	Telephone Number

Complaints may alternatively be filed with the U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D. C. 20250-9410; Fax: (202) 690-7442; or email: program.intake@usda.gov



FOR OFFICE USE ONLY

Form Mailed

Staff Signature

Print Name

Date

Telephone Number

Social Welfare Manager Signature

Print Name

Date

Telephone Number

Control Number

