

Steve Sisolak
Governor

Richard Whitley, MS
Director



DEPARTMENT OF
HEALTH AND HUMAN SERVICES
Division of Child and Family Services
Helping people. It's who we are and what we do.



Ross Armstrong
Administrator

Civil Rights Complaint Form

Grants Management Unit (GMU)
Written Statement of Concern/Complaint with Grant Programs

COVER PAGE

Date: _____

Person Filing Complaint:	Person or Entity/Subaward) you are Filing a Complaint about:
Name:	Name:
Address:	Address:
City, State, Zip	City, State, Zip:
Day Time Phone:	Day Time Phone:
E-mail:	E-mail:

What do you believe is the basis for the Discriminative Act or Discrimination?

<input type="checkbox"/>	Disability	<input type="checkbox"/>	Race	<input type="checkbox"/>	Sex	<input type="checkbox"/>	Color	<input type="checkbox"/>	Religion	<input type="checkbox"/>	National Origin
<input type="checkbox"/>	Other										

Does this statement of concern/complaint allege discrimination? Yes No

Was a complaint concerning this matter was filed with a federal, state, or governmental agency? Yes No

If yes, please list the agency, complaint number, name of contact person, phone number, and status of complaint:

What office or agency, if any, referred you to our office? _____

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