

## Regional Transportation Commission of Southern Nevada Title VI Complaint Form

Title VI of the Civil Rights Act of 1964 states "No person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.

Please provide the following information necessary in order to process your complaint. Assistance is available upon request. You may contact RTC to receive communication in an alternate format. Complete this form and mail or deliver to: RTC – Safety and Security, 600 S. Grand Central Parkway, Suite 350, Las Vegas, NV 89106. Contact the RTC via phone at (702) 676-1500 or via email at [rtcsafetysecurity@rtcsonv.com](mailto:rtcsafetysecurity@rtcsonv.com).

1. Complainant's Name: \_\_\_\_\_

2. Address: \_\_\_\_\_

3. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

4. Telephone No. (Home): \_\_\_\_\_ (Business): \_\_\_\_\_

5. Person discriminated against (if other than complainant)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

6. What was the discrimination based on? (Check all that apply):

- \_\_\_\_\_ Race
- \_\_\_\_\_ Color
- \_\_\_\_\_ National Origin
- \_\_\_\_\_ Limited English Proficiency

7. Date of incident resulting in discrimination: \_\_\_\_\_

8. Describe how you were discriminated against. What happened and who was responsible? For additional space, attach additional sheets of paper or use back of form.



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9. Did you file this complaint with another federal, state, or local agency; or with a federal or state court? (Check appropriate space) Yes \_\_\_\_\_ No \_\_\_\_\_

If answer is yes, check each agency complaint was filed with:

Federal Agency \_\_\_\_\_ Federal Court \_\_\_\_\_ State Agency \_\_\_\_\_  
State Court \_\_\_\_\_ Local Agency \_\_\_\_\_ Other \_\_\_\_\_

10. Provide contact person information for the agency you also filed the complaint with:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Date Filed: \_\_\_\_\_

11. Sign the complaint in space below. Attach any documents you believe supports your complaint.

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**Complainant's Signature**

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**Signature Date**

