



Complaint Form – Disability Based Discrimination

Please fill out this form completely, in black ink or type. Sign and return to the address or email below.

Complainant Information:

Name: _____
Address: _____
Home Phone: _____
Alternate Phone: _____
Email: _____

Incident details:

Date & Time: _____
Location: _____

Provide a detailed explanation of the incident (attach separate sheet, if necessary):

Proposed solution to complaint:

Have you discussed your concern with anyone at DMV?

Yes: _____
No: _____

If yes, with whom was this complaint discussed with?

Name: _____
Phone Number: _____

What was discussed with you?

Has another agency been contacted regarding this complaint?

Yes: _____
No: _____

If yes, what agency or agencies did you contact? _____
Name of the person you spoke with? _____
Phone Numbers: _____

By giving my signature below, I acknowledge that the information provided above is true and accurate to the best of my knowledge. I will be contacted by a NV DMV official in regards to this complaint.

Signature: _____ Date: _____

Rev: 09/2024

Return to:

Nevada Department of Motor Vehicles
Director's Office
555 Wright Way
Carson City, NV 89711-0900