

**APPENDIX C**  
**SAMPLE GRIEVANCE FORM**

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# Grievance Form

Instructions: Please fill out this form completely, in black ink or type. Sign and return to the address on page 3.

Complainant Name:

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Address:

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City, State and Zip Code:

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Telephone:

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Email:

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Person Discriminated Against:  
(if same as above, proceed to next page)

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Address:

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City, State, and Zip Code:

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Telephone:

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Email:

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Government, or organization, or institution which you believe has discriminated:

Name:

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When did the discrimination occur? Date:

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Where did the discrimination occur?

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Describe the incident/complaint with enough detail so the nature of the grievance can be understood (use space on page 3 if necessary):

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Have efforts been made to resolve this complaint through the internal grievance procedure of the government, organization, or institution?

Yes\_\_\_\_\_ No\_\_\_\_\_

If yes: what is the status of the grievance?

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Has the complaint been filed with another bureau of the Department of Justice or any other Federal, State, or local civil rights agency or court?

Yes\_\_\_\_\_ No\_\_\_\_\_

If yes:

Agency or Court

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Contact Person:

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Address

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City, State, and Zip Code:

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Telephone:

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Email:

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Date Filed:

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Do you intend to file with another agency or court?

Yes \_\_\_\_\_ No \_\_\_\_\_

Agency or Court:

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Address:

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City, State and Zip Code:

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Telephone:

Additional space for answers:

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Signature: \_\_\_\_\_

Date:

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Return to:

Cecilia Meyer, ADA Coordinator  
Carson City Risk Management

201 N. Carson Street, Suite #3  
Carson City, NV 89701  
775-283-7484, [cmeyer@carson.org](mailto:cmeyer@carson.org)