

**NEVADA OFFICE OF THE ATTORNEY GENERAL
Written Statement of Concern/Complaint with Grant Programs**

COVER PAGE

Name: _____ Phone: _____

Grant or Sub-Grant Program: _____

Relationship to Program: _____

Address: _____

Would you like a response to this statement? Yes _____ No _____

If so, how would you like to be contacted? Email _____ Phone _____ Mail _____

If you'd like to be contacted, please provide us with your appropriate contact information:

Email Address: _____@_____

Phone Number: (_____) _____ - _____

Street Address: _____

City, State Zip: _____

Please check one:

- I prefer to be contacted by the Nevada Office of the Attorney General, and **do not** wish to be contacted by the program in question (this cover page ***will not*** be forwarded to the program).

- I'm open to contact from **either** the Nevada Office of the Attorney General or the program in question (this cover page ***will*** be forwarded to the program).

Does this statement of concern/complaint alleging discrimination?

- Yes
- No

If yes, what type of discrimination is alleged?

- Age
- Color
- Disability
- Gender identity
- National origin
- Race
- Religion
- Sex
- Sexual orientation

If yes, what is the basis for that discrimination?

Statement of Concern:

(This information will be forwarded to the program in question)

Client Name: _____

Program Name: _____ Phone: _____

City: _____

Name(s) of advocate(s)/others involved in the concern: _____

Date(s) & Time(s): _____

Please describe the concern/complaint: _____

(If more space is needed to describe the incident, please attach additional sheets)

Who has already been contacted regarding the concern(s) described above? _____

Results of that contact: _____

I hereby authorize the Nevada Office of the Attorney General to share this form and any other documentation related to my concern with the program in question.

Print name

Signature

Date

I hereby authorize the program in question to share any and all information related to my concern (including information regarding my personal situation and interactions with/services received from the program) with the Nevada Office of the Attorney General.

Print name

Signature

Date

Other than sharing this information with the program in question, this form and any other documentation related to the concern shall be kept confidential at the discretion of Nevada Office of the Attorney General's Grants Manager.

Please return completed form and supporting documents to:

**Attn: Grants
Office of the Attorney General
100 North Carson Street
Carson City, NV 89701
Or email: aggrants@ag.nv.gov**