



EXTENSION
College of Agriculture,
Biotechnology & Natural Resources

CABNR/Extension - Civil Rights Complaint Form

Date of Incident _____ Location _____

Name of person(s) accused of discrimination _____

Complaint Written _____ (attach documents if necessary) Verbal _____ (over the phone or in person)

Complaint submitted by

Name _____ Date _____

Address _____ City _____ State _____

Zip _____ Phone _____ Email _____

Nature of complaint *Include location, date, time and circumstances, description of incident and list any witnesses (attach additional pages of necessary)*

While complaints may be anonymous, if you are willing to have a representative of University of Nevada contact you to further investigate the complaint, please sign and date this form below:

Signature _____ Date _____

Submit this form to: Civil Rights Office, 8050 Paradise Road #110, Las Vegas, NV 89123
phone (702)257-5577 email plessick@unr.edu

Received by _____ Date _____