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) 676-1592 or via email at rtcsafetysecurity@rtcsnv.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.
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.

____________________________________              __________
Complainant's Signature    Signature Date