



Form G -Complaint

**Office of Disability Services
3656 Research Way, Suite 32
Carson City, NV 89706**

**Phone: 775-687-4452
Fax: 775-687-3292**

Email: bahammond@adsd.nv.gov

This grievance will be presented to the Nevada State Office of Disabilities (ODS) which governs Sign Language Interpreters/ Real-Time Captioners/CART in the State of Nevada. ODS will determine if the complaint is within its jurisdiction and you will be notified in writing of what action, if any, is taken. Complaint(s) must be filed within a 2 year period of the occurrence.

Full, Legal name of Complainant		
Address where you can be reached		
City:	State:	Zip Code:
Home Phone:	Cell Phone:	Work or other phone:
Email:		

Please describe the alleged complaint in full detail. Include the date(s), names involved, and site the exact section of the Code of Professional Conduct violated:

Continue on reverse if necessary

ODS USE ONLY: Complaint was received: (Circle one):

Form Fax Phone

VP or CD