



Form G Complaint

**Aging and Disability Services Division
3416 Goni Rd., Suite D-132
Carson City, NV 89706**

**Phone: 775-687-0519
Video Phone: 775-400-1452
Fax: 775-687-0576**

Email: jabalderson@adsd.nv.gov

This grievance will be presented to the Nevada State Aging and Disability Services Division (ADSD) which governs Sign Language Interpreters/ Real-Time Captioners/CART in the State of Nevada. ADSD 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 cite the exact section of the Code of Professional Conduct violated:

Continue on reverse if necessary

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

Form Fax Phone VP CD