U.S. Department of Justice
Civil Rights Division
Disability Rights Section

OMB No. 1190-0009

Title II of the Americans with Disabilities Act Section 504 of the Rehabilitation Act of 1973 Discrimination Complaint Form

Instructions: Please fill out this form completely, in black ink or type. Sign and return to the address on page 3.

Complainant: [redacted]

Address: [redacted]

City, State and Zip Code: [redacted]

Telephone: Home: [redacted]

Business:

Person Discriminated Against:
(if other than the complainant)

Address:

City, State, and Zip Code:

Telephone: Home:

Business:

Government, or organization, or institution which you believe has discriminated:

Name: Public Utilities Commission of Nevada

Address: 9075 West Diablo Drive, Suite 250

County: Clark

City: Las Vegas

State and Zip Code: NV 89148

Telephone Number: 702-486-7210

When did the discrimination occur? Date: 6/8/2012 - Present

Describe the acts of discrimination providing the name(s) where possible of the individuals who discriminated (use space on page 3 if necessary): I am disabled, and I am being harmed by the smart meters. The PUC approved the installation of smart meters even though they know the meters are harmful. The PUC is ignoring the ADA Rules.

Have efforts been made to resolve this complaint through the internal grievance procedure of the government, organization, or institution?

Yes ✓ No

If yes: what is the status of the grievance? I told them I was being harmed and that I had requested accommodations. I provided written and verbal testimony to the PUC regarding the negative health effects. See attached. I also had communications with them via telephone and email.

Has the complaint been filed with another bureau of the Department of Justice or any other Federal, State,

or local civil rights agency or court?

Yes_____ No_✓_

If yes:

Agency or Court: _____

Contact Person: _____

Address: _____

City, State, and Zip Code: _____

Telephone Number: _____

Date Filed: _____

Do you intend to file with another agency or court?

Yes_____ No_____ To be determined.

Agency or Court: _____

Address: _____

City, State and Zip Code: _____

Telephone Number: _____

Additional space for answers:

_____

_____

Signature: [redacted]

Date: 9/25/2012

Return to:

U.S. Department of Justice
Civil Rights Division
950 Pennsylvania Avenue, NW
Disability Rights - NYAV
Washington, D.C. 20530

Paperwork Reduction Act Statement:
A federal agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Public burden for the collection of this information is estimated to average 45 minutes per response. Comments regarding this collection of information should be directed to the Department Clearance Officer, U.S. Department of Justice, Justice Management Division, Office of the Chief Information Officer, Policy and Planning Staff, Two Constitution Square, 145 North Street, N.E., Room 2E–508, Washington, D.C. 20530.

OMB No. 1190-0009. Expiration Date: May 31, 2015.

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