

**STATE OF NEVADA**

**LOCAL GOVERNMENT EMPLOYEE-MANAGEMENT RELATIONS BOARD**

**NURSING MOTHERS ACCOMMODATION ACT (NMAA) COMPLAINT FORM**

**Part One: Employee Information**

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Address, City, State and Zip Code

\_\_\_\_\_  
Best Telephone Number to Reach You

\_\_\_\_\_  
E-Mail Address

\_\_\_\_\_  
Your Job Title

\_\_\_\_\_  
When Was the Child in Question Born?

**Part Two: Local Government Employer Information**

Please identify your local government employer, the name of the person you think we should contact for more information and that person's contact information.

\_\_\_\_\_  
Name of the Local Government for Whom You Work

\_\_\_\_\_  
Name of Contact Person at the Local Government

\_\_\_\_\_  
Title of Contact Person

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
E-Mail Address

**Part Three: Violations Alleged**

Please answer all three of the following questions.

#1: The NMAA makes it a violation for a local government employer not to provide a reasonable break time, with or without compensation, for an employee to express breast milk as needed. Are you alleging a violation of this provision? Yes \_\_\_\_\_ No \_\_\_\_\_

#2: The NMAA makes it a violation for a local government employer not to provide a place, other than a bathroom, that is reasonably free from dirt and pollution, protected from the view of others and free from intrusion by others where the employee may express breast milk. Are you alleging a violation of this provision? Yes \_\_\_\_\_ No \_\_\_\_\_

#3: The NMAA makes it a violation for a local government employer to retaliate, or direct or encourage another person to retaliate, against an employee because the employee has (1) taken break time; (2) has used the space provided; or (3) taken any action to require the employer to comply with the NMAA. Are you alleging a violation of this provision? Yes \_\_\_\_\_ No \_\_\_\_\_

**Part Four: Time and Location Violations**

If you answered "yes" to either or both of questions #1 or #2 in part three, please provide the following information. If your answer was "no" to both questions, please proceed to part five of this form. Please attach any documents marked "yes" below.

When did you request an accommodation from your employer? \_\_\_\_\_ Was the request in writing? Yes \_\_\_\_\_ No \_\_\_\_\_

If your request was not in writing, to whom did you express your request? \_\_\_\_\_

Please describe your request (either in the form of break time or a place to express breast milk or both)? \_\_\_\_\_

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When did your employer respond to your request? \_\_\_\_\_ Was the response in writing? Yes \_\_\_\_\_ No \_\_\_\_\_

If the employer's response was not in writing, who responded to your request? \_\_\_\_\_

Did the employer provide an alternative to your request? Yes \_\_\_\_\_ No \_\_\_\_\_ Was the alternative in writing? Yes \_\_\_\_\_ No \_\_\_\_\_

Please describe the alternative selected by your employer. \_\_\_\_\_

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### Part Five: Retaliation Violation

If you answered "yes" to question #3 in part three, please provide the following information. If your answer was "no" to the last question in part three then please skip to part six of this form.

Please describe the retaliation that the employer took against you. \_\_\_\_\_

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When did the retaliation begin? \_\_\_\_\_ Is it still ongoing? Yes \_\_\_\_\_ No \_\_\_\_\_

### Part Six: Additional Information

Please use the space below to add any other information you believe to be important to your case.

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### Part Seven: Certification

I certify that the information provided on this form is correct to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please submit this form and any attachments to the Local Government Employee-Management Relations Board, 3300 W. Sahara Avenue, Suite 260, Las Vegas, Nevada 89102. In lieu of mailing or hand delivering this document, please call our office at (702) 561-5489 for instructions on how to e-mail the document and any attachments to us.