

STATE OF NEVADA OFFICE OF THE ATTORNEY GENERAL

100 N. Carson St. Carson City, NV 89701 Phone: 775-684-1100 Fax: 775-684-1108

555 E. Washington Ave., #3900 Las Vegas, NV 89101 Phone: 702-486-3420 Fax: 702-486-3768

www.ag.nv.gov

For official use only:
Received by:
Date Received:
Complaint Type:
Referred to:
[Stamp here]

COMPLAINT FORM

The information you report on this form may be used to help us investigate violations of state laws. When completed, mail, or electronically submit your form and supporting documents to the office listed above. Upon receipt, your complaint will be reviewed by a member of our staff. The length of this process can vary depending on the circumstances and information you provide with your complaint. The Attorney General's Office may contact you if additional information is needed.

INSTRUCTIONS: Please TYPE/PRINT your complaint in dark ink. You must write LEGIBLY. All fields MUST be completed.

	TION 1.				
COM	IPLAINANT INFORMATION	Salutation:	Mr. Mrs. Ms. Miss		
Your N	Name: Last		- First		MI
Your (Organization, if any:				
	Address:				
	Address		City	State	Zip
Your F	Phone Number : Home	Cell	Work	 Fax	
	:				Cell Work
Age:	Under 18 18-29 30-39	40-49	50-59 60 or older		
TYPE	E OF COMPLAINT				
	B				
	Bureau of Consumer Pro	otection	Mortgage Fraud	k	
	General Investigations	otection	Mortgage Fraud Open Meeting L		
		otection		_aw	
	General Investigations	otection	Open Meeting L	_aw	

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SECTION 3.		
BUSINESS OR INDIVIDUAL COMPLAI	NT IS AGAINST	
Business/Provider Name:		
Individual/Contact:		
Last	First	Job Title (Example: CEO)
Individual/Business Address: Address	City	State Zip
Individual/Business Phone:	City	State Zip
Work	Mobile	Fax
Individual/Business Email:		
Individual/Business Web Site:		
My complaint is: ALLEGED OPEN MEETING LAW VIOLA	ATION IS AGAINST	
Name of Public Body:		
	,	
Date of meeting where alleged violation occurr	red (mm/dd/yyyy):	
Please detail the specific violations against the who, what, where, when, and why of yo Open Meeting Law applies only to public bodies	our complaint. You may use addition	onal sheets if necessary. Remember the
My complaint is:		
PUBLIC OFFICIAL'S INFORMATION (MODIFICIAL'S Name: Official's Name: Official's Government Agency or Body: Official's Work Address:	Title:	
(Street / PO Box)	(City)	(State) (ZIP Code)
Official's Telephone:		

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SECTION 4.								
PAYMENTS								
Did you make any payments to this individual or business? Yes-Co How much did the company/individual ask you to pay? Date(s) of payments (mm/dd/yyyy):								
How much did you actually pay? \$ Payment Method Financed Wire Transfer Money Order Cashier's Check Was a contract signed? Yes No If yes, date you signed the Identify your attempts to resolve the issue(s) with the company, corporate	Cother:he contract (mm/dd/yyyy):							
OTHER AGENCIES Have you contacted another agency for assistance? Yes No	If so, which agency?							
Have you contacted an attorney? Yes No If so, what is the attorney's name, address, and phone number?	Phone							
	State Zip							
·	ave you lost a lawsuit in this matter? Yes No							
SECTION 5. EVIDENCE Do you have evidence to attach? Yes No List and attach photocopies of any relevant documents, agreements, correspondence, or receipts that support your complaint (examples include billing statements, correspondence, receipts, payment information, witnesses, and any other document which explains or supports the matters raised in the complaint). No originals. Copy both sides of any canceled checks that pertain to this complaint.								
SECTION 6. WITNESSES List any other known witnesses or victims. Please provide names and/or websites.	s, addresses, phone numbers, email addresses,							

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SECTION 7.					
Sign and date this form. The Attorney General complaints.	al's Office cannot process ar	y unsigned, incomplet	e, or illegible		
I understand that the Attorney General is not my private attorney , but rather represents the public by enforcing laws prohibiting fraudulent, deceptive or unfair business practices. I understand that the Attorney General does not represent private citizens seeking refunds or other legal remedies. I am filing this complaint to notify the Attorney General's Office of the activities of a particular business or individual. I understand that the information contained in this complaint may be used to establish violations of Nevada law in both private and public enforcement actions. In order to resolve your complaint, we may send a copy of this form to the person or firm about whom you are complaining. I authorize the Attorney General's Office to send my complaint and supporting documents to the individual or business identified in this complaint. I also understand that the Attorney General may need to refer my complaint to a more appropriate agency.					
I certify under penalty of perjury that the information p	provided on this form is true and	correct to the best of my k	nowledge.		
Signature	Print Name				
Date (mm/dd/yyyy)					
SECTION 8. (Optional)					
The following section is optional and is intende check the categories that apply to you. Gender: Male Female Have you previously filed a complaint with our of yes, enter in the approximate filing date (mm/dd/y	office?: Yes No		Please		
I am (mark all that apply):	Ethnic Identification:	Primary Language:			
Income below federal poverty guideline	White/Caucasian	English			
Disaster victim	Black/African American	Spanish			
Person with disability	Hispanic/Latino	Other:			
Medicaid recipient	Native American/Alaskan Na				
Military service member	Asian/Pacific Islander				
Veteran	Other:				
Immediate family of service member/veteran					
May we provide your name and telephone number	er to the media in the event of a	n inquiry about this mat	ter?		
Yes No					
How did you hear about our complaint form (plea	se choose only one).				
		Called/visited Reno AG O	ffice		
<u>-</u>	evada State Agency/Elected Off		AG Website		
AG Social Media Sites Media: Newspaper/R	E 771	Coaron Engine			

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