



STATE OF NEVADA
OFFICE OF THE ATTORNEY GENERAL

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Carson City, NV 89701
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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: BCP GI

IFU OML MFU

MFCU PIU WCFU

CM

[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.

ONLY COMPLAINTS THAT ARE SIGNED WILL BE PROCESSED

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

SECTION 1.

COMPLAINANT INFORMATION

Salutation: Mr. Mrs. Ms. Miss

Your Name: _____
Last First MI

Your Organization, if any: _____

Your Address: _____
Address City State Zip

Your Phone Number : _____
Home Cell Work Fax

Email: _____ Call me between 8am-5pm at: Home Cell Work

Age: Under 18 18-29 30-39 40-49 50-59 60 or older

SECTION 2.

TYPE OF COMPLAINT

- General Investigations
- High Tech Crime
- Insurance Fraud
- Medicaid Fraud

- Mortgage Fraud
- Open Meeting Law
- Public Integrity
- Workers Comp. Fraud
- Ticket Sales

SECTION 3.

BUSINESS OR INDIVIDUAL COMPLAINT IS AGAINST

Business/Provider Name: _____

Individual/Contact: _____
Last First Job Title (Example: CEO)

Individual/Business Address: _____
Address City State Zip

Individual/Business Phone: _____
Work Mobile Fax

Individual/Business Email: _____

Individual/Business Web Site: _____

Please detail the nature of your complaint against the individual, business, or provider listed in Section 3. Include the who, what, where, when, and why of your complaint, full explanation of the transaction involved and a chronology of the events. (Please include any nicknames or aliases, identifying information such as Social Security number(s), license plate(s), year/make of vehicle(s), etc.). You may use additional sheets if necessary.

My complaint is:

ALLEGED OPEN MEETING LAW VIOLATION IS AGAINST

Name of Public Body: _____
(i.e., specific board, commission, agency, or person(s) etc.)

Date of meeting where alleged violation occurred (mm/dd/yyyy): _____

Please detail the specific violations against the board, commission, or agency or person listed in Section 3. Include the who, what, where, when, and why of your complaint. You may use additional sheets if necessary. Remember the Open Meeting Law applies only to public bodies (see NRS 241.015 for definition) and only to members of public bodies.

My complaint is:

PUBLIC OFFICIAL'S INFORMATION (Whom Your Complaint Is Against)

Official's Name: _____

Title: _____

Official's Government _____

Agency or Body: _____

Official's Work Address: _____ (Street / PO Box) _____ (City) _____ (State) _____ (ZIP Code)

Official's Telephone: _____

SECTION 4.

PAYMENTS

Did you make any payments to this individual or business? Yes—*Continue to Next Question* No—*Skip to Section 5*

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: Cash Credit Card Debit Card Check

Financed Wire Transfer Money Order Cashier's Check Other: _____

Was a contract signed? Yes No If yes, date you signed the contract (mm/dd/yyyy): _____

Identify your attempts to resolve the issue(s) with the company, corporation, or organization.

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?

Last _____ First _____ Phone _____

Address _____ City _____ State _____ Zip _____

Is court action pending? Yes No

Have you lost a lawsuit in this matter? Yes No

No

SECTION 5.

EVIDENCE

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, addresses, phone numbers, email addresses, and/or websites.

SECTION 7.

Sign and date this form. **The Attorney General's Office cannot process any unsigned, incomplete, or illegible complaints. IF YOUR COMPLAINT IS SUBMITTED WITHOUT A SIGNATURE, IT WILL BE RETURNED TO YOU.**

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 provided on this form is true and correct to the best of my knowledge.

Signature

Print Name

Date (mm/dd/yyyy)

SECTION 8. (Optional)

The following section is optional and is intended to help our office better serve Nevada consumers. Please check the categories that apply to you.

Gender: Male Female

Have you previously filed a complaint with our office?: Yes No

If yes, enter in the approximate filing date (mm/dd/yyyy) of your original complaint: _____

I am (mark all that apply):

- Income below federal poverty guideline
- Disaster victim
- Person with disability

Ethnic Identification:

- White/Caucasian
- Black/African American
- Hispanic/Latino
- Native American/Alaskan Native
- Asian/Pacific Islander
- Other: _____

Primary Language:

- English
- Spanish
- Other:

- Medicaid recipient
- Military service member
- Veteran
- Immediate family of service member/veteran

May we provide your name and telephone number to the media in the event of an inquiry about this matter?

- Yes No

How did you hear about our complaint form (please choose only one):

- Called/visited Las Vegas AG Office
- Called/visited Carson City AG Office
- Called/visited Reno AG Office
- Attended AG Presentation/Event
- Another Nevada State Agency/Elected Official
- Search Engine
- AG Website
- AG Social Media Sites
- Media: Newspaper/Radio/TV
- Other _____

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