

STATE OF NEVADA
OFFICE OF THE ATTORNEY GENERAL

100 N. CARSON ST., CARSON CITY, NV 89701 – TEL# 775-684-1100 – FAX# 775-684-1108
 555 E. WASHINGTON AVE., STE 3900, LAS VEGAS, NV 89101 – TEL# 702-486-3420 – FAX# 702-486-3768



COMPLAINT FORM

*The information you provide on this form may be used to help us investigate violations of state laws. **Please be sure to complete all required fields.** The length of this process can vary depending on the circumstances and information you provide. The Attorney General's office may contact you if additional information is needed. Supplemental materials can be attached to Section 6 of this complaint form, and if additional supplemental materials are acquired after submitting this form, please email them to AGCOMPLAINT@ag.nv.gov with COMPLAINT in the subject line.*

*****ONLY COMPLAINTS THAT ARE SIGNED WILL BE PROCESSED*****

HAVE YOU PREVIOUSLY FILED A COMPLAINT WITH OUR OFFICE? YES NO

If so, what are the approximate dates of previously filed complaint(s) _____

SECTION 1: COMPLAINANT INFORMATION

LAST NAME:		FIRST NAME:			M.I.
ORGANIZATION:					
ADDRESS:		CITY:	STATE:	ZIP:	
PHONE/MOBILE:		EMAIL:			
AGE GROUP	UNDER 21	21-39	40-65	OVER 65	
PRIMARY LANGUAGE:					

SECTION 2: TYPE OF COMPLAINT

GENERAL INVESTIGATIONS	MISSING CHILDREN	TICKET SALES
HIGH TECH CRIME	MORTGAGE FRAUD	WORKERS COMP FRAUD
INSURANCE FRAUD	OPEN MEETING LAW	OTHER
MEDICAID FRAUD	PUBLIC INTEGRITY	

SECTION 3: MY COMPLAINT IS AGAINST

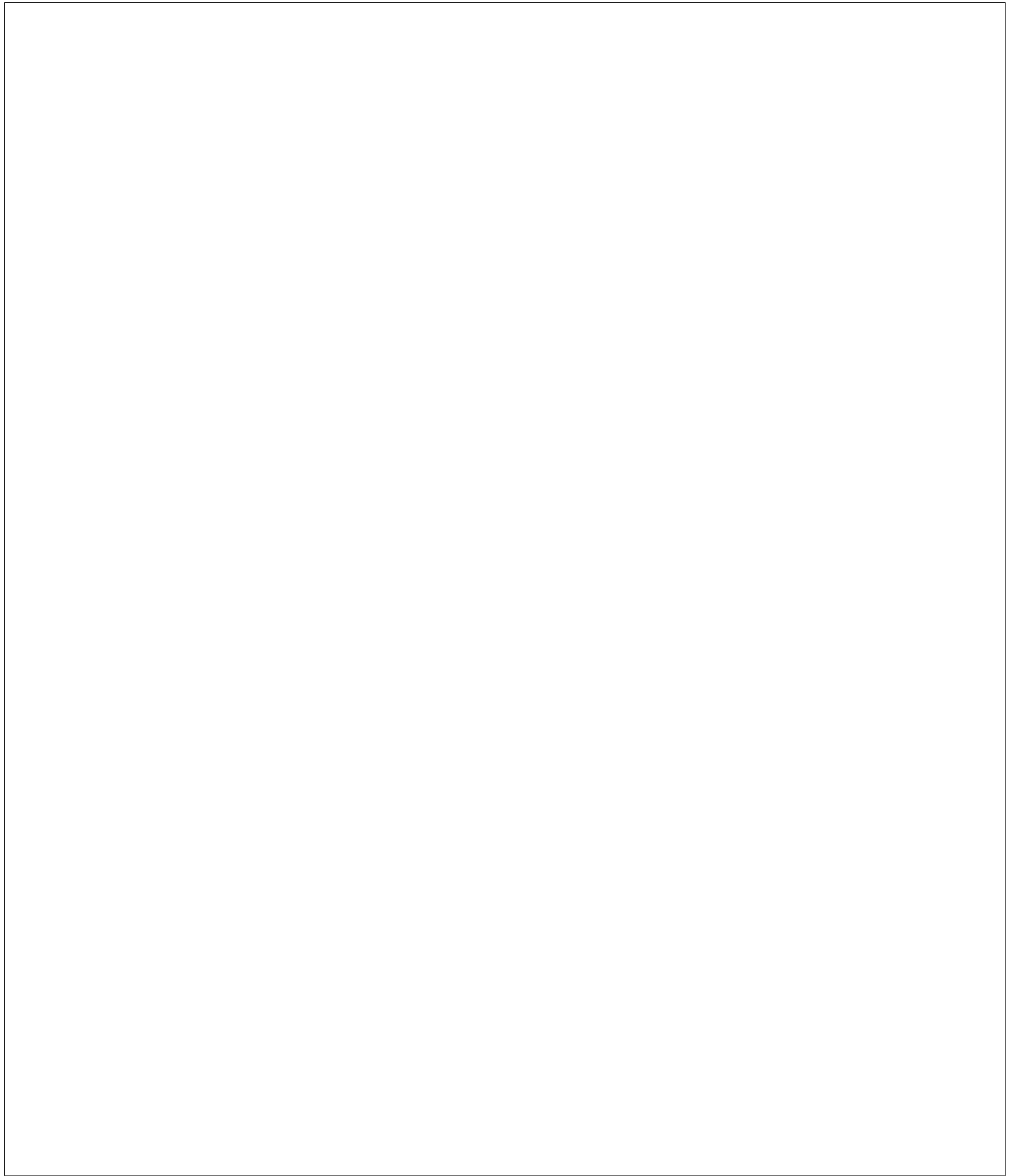
INDIVIDUAL		BUSINESS / GOVERNMENT AGENCY / REPRESENTATIVE	
NAME OF PERSON / BUSINESS / AGENCY:			
ADDRESS:		CITY:	STATE:
TELEPHONE NUMBER:		EMAIL:	
WEBSITE:			
DATE ALLEGED VIOLATION OCCURRED:			
WAS A CONTRACT SIGNED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
HAVE YOU CONTACTED ANOTHER AGENCY FOR ASSISTANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF SO, WHICH AGENCY:			
HAVE YOU CONTACTED AN ATTORNEY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF SO, PROVIDE ATTORNEY'S CONTACT INFORMATION:			
IS COURT ACTION PENDING? <input type="checkbox"/> YES <input type="checkbox"/> NO			
DID YOU MAKE ANY PAYMENTS TO THE INDIVIDUAL OR BUSINESS? <input type="checkbox"/> YES <input type="checkbox"/> NO			
HOW MUCH WERE YOU ASKED TO PAY?		HOW MUCH DID YOU ACTUALLY PAY?	
DATE OF PAYMENT:		PAYMENT METHOD:	

Continue to Section 4 to describe complaint.

Facebook: [/NVAttorneyGeneral](#) Twitter: [@NevadaAG](#) YouTube: [NevadaAG](#)

SECTION 4: DESCRIBE YOUR COMPLAINT:

➤ *(to add attachments, see Section 5)*

A large, empty rectangular box with a thin black border, intended for the user to describe their complaint. The box is currently blank.

EMAIL AGCOMPLAINT@ag.nv.gov to submit any additional information

SECTION 5: EVIDENCE

List and attach photocopies of any relevant documents, agreements, correspondence or receipts that support your complaint. 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 address and website information.

SECTION 7: SIGN AND DATE THIS FORM

(The Attorney General's Office will not process any unsigned, incomplete or illegible complaint forms)

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.

******ONLY COMPLAINTS THAT ARE SIGNED WILL BE PROCESSED******

SIGNATURE:

PRINTNAME:

DATE:

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➤ SECTION 8: OPTIONAL INFORMATION

➤ GENDER

MALE	FEMALE	OTHER
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➤ ETHNICITY

WHITE/CAUCASIAN	<input type="checkbox"/>	BLACK/AFRICAN AMERICAN	<input type="checkbox"/>	HISPANIC LATINO	<input type="checkbox"/>
NATIVE AMERICAN/ALASKAN NATIVE	<input type="checkbox"/>	ASIAN/PACIFIC ISLANDER	<input type="checkbox"/>	OTHER:	

➤ HOW DID YOU HEAR ABOUT OUR COMPLAINT FORM (CHOOSE ONE):

CALLED/VISITED CARSON CITY OFFICE	<input type="checkbox"/>	SEARCH ENGINE	<input type="checkbox"/>
CALLED/VISITED LAS VEGAS OFFICE	<input type="checkbox"/>	ATTORNEY GENERAL WEBSITE	<input type="checkbox"/>
CALLED/VISITED RENO OFFICE	<input type="checkbox"/>	ATTORNEY GENERAL SOCIAL MEDIA SITE	<input type="checkbox"/>
ATTENDED AG PRESENTATION	<input type="checkbox"/>	MEDIA/NEWSPAPER/RADIO/TV	<input type="checkbox"/>
NV AGENCY OFFICIAL/ELECTED OFFICIAL	<input type="checkbox"/>	OTHER	<input type="checkbox"/>

➤ MARK ALL THAT APPLY:

INCOME BELOW FEDERAL POVERTY GUIDELINE	<input type="checkbox"/>	MILITARY SERVICEMEMBER	<input type="checkbox"/>
DISASTER VICTIM	<input type="checkbox"/>	VETERAN	<input type="checkbox"/>
PERSON WITH DISABILITY	<input type="checkbox"/>	IMMEDIATE FAMILY OF SERVICEMEMBER/VETERAN	<input type="checkbox"/>
MEDICAID RECIPIENT	<input type="checkbox"/>	OTHER:	<input type="checkbox"/>

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ADDITIONAL COMMENTS: *What are you hoping the Attorney General's office can do for you?*

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