

**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 [AGINFO@ag.nv.gov](mailto:AGINFO@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)?

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**SECTION 1: COMPLAINANT INFORMATION**

LAST NAME:		FIRST NAME:		M.I.
ORGANIZATION:				
ADDRESS:		CITY:	STATE:	ZIP:
PHONE/MOBILE:		EMAIL:		
AGE GROUP	<input type="checkbox"/> UNDER 21	<input type="checkbox"/> 21-39	<input type="checkbox"/> 40-65	<input type="checkbox"/> OVER 65
PRIMARY LANGUAGE:				

**SECTION 2: TYPE OF COMPLAINT**

<input type="checkbox"/> GENERAL INVESTIGATIONS	<input type="checkbox"/> OPEN MEETING LAW – skip to section 4
<input type="checkbox"/> HIGH TECH CRIME	<input type="checkbox"/> PUBLIC INTEGRITY – against public officials or employees – skip to section 5
<input type="checkbox"/> INSURANCE FRAUD	<input type="checkbox"/> WORKERS COMP FRAUD
<input type="checkbox"/> MEDICAID FRAUD	<input type="checkbox"/> TICKET SALES
<input type="checkbox"/> MORTGAGE FRAUD	<input type="checkbox"/> OTHER

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### SECTION 3: BUSINESS OR INDIVIDUAL COMPLAINT IS AGAINST

NAME OF BUSINESS OR PROVIDER:
INDIVIDUAL CONTACT NAME AND TITLE
INDIVIDUAL/BUSINESS ADDRESS:
CONTACT TELEPHONE NUMBER:
INDIVIDUAL OR BUSINESS EMAIL:
INDIVIDUAL OR BUSINESS WEBSITE:
HAVE YOU CONTACTED AN ATTORNEY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF SO, PROVIDE ATTORNEY'S CONTACT INFORMATION:
DETAIL THE FULL NATURE OF YOUR COMPLAINT, PROVIDE IDENTIFYING SPECIFICS:

### DETAILS OF YOUR COMPLAINT

DID YOU MAKE ANY PAYMENTS TO THIS INDIVIDUAL OR BUSINESS?	<input type="checkbox"/> YES-Continue to Next Question	<input type="checkbox"/> NO-Skip to Section 6
HOW MUCH DID THE INDIVIDUAL OR BUSINESS ASK YOU TO PAY?	\$	DATE OF PAYMENT:
HOW MUCH DID YOU ACTUALLY PAY?	\$	PAYMENT METHOD:
WAS A CONTRACT SIGNED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF SO, DATE SIGNED:		
IS A COURT ACTION PENDING? <input type="checkbox"/> YES <input type="checkbox"/> NO		
HAVE YOU LOST A LAWSUIT IN THIS MATTER? <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:		
EXPLAIN YOUR ATTEMPTS TO RESOLVE THE ISSUE:		

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#### SECTION 4: ALLEGED OPEN MEETING LAW VIOLATION IS AGAINST

NAME OF PUBLIC BODY: (SPECIFIC BOARD, COMMISSION, AGENCY OR PERSON, ETC.)
DATE OF MEETING WHERE ALLEGED VIOLATION OCCURRED:
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:
MY COMPLAINT IS:

#### SECTION 5: PUBLIC OFFICIAL'S INFORMATION (WHOM YOUR COMPLAINT IS AGAINST)

OFFICIAL'S NAME AND TITLE:
GOVERNMENT AGENCY:
ADDRESS, CITY, STATE, ZIP:
OFFICIAL'S TELEPHONE NUMBER:
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:
MY COMPLAINT IS:

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## SECTION 6: 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 7: WITNESSES

List any other known witnesses or victims. Please provide names, addresses, phone numbers, email address and website information.

## SECTION 8: 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:

PRINT NAME:

DATE:

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➤ OPTIONAL INFORMATION

GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> OTHER
ETHNICITY: <input type="checkbox"/> 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
MAY WE PROVIDE YOUR NAME AND TELEPHONE NUMBER TO THE MEDIA IN THE EVENT OF AN INQUIRY ABOUT THIS MATTER? <input type="checkbox"/> YES <input type="checkbox"/> NO
HOW DID YOU HEAR ABOUT OUR COMPLAINT FORM (CHOOSE ONE): <input type="checkbox"/> Called/Visited Carson City office <input type="checkbox"/> Called/Visited Las Vegas office <input type="checkbox"/> Called/Visited our Reno office. <input type="checkbox"/> Attended an AG Presentation/Event. <input type="checkbox"/> Another Nevada State Agency/Elected Official. <input type="checkbox"/> Search Engine. <input type="checkbox"/> AG Website. <input type="checkbox"/> AG Social Media Sites. <input type="checkbox"/> Media/Newspaper/Radio/TV. <input type="checkbox"/> Other
MARK ALL THAT APPLY: <input type="checkbox"/> Income below federal poverty guideline. <input type="checkbox"/> Disaster victim. <input type="checkbox"/> Person with disability. <input type="checkbox"/> Medicaid recipient. <input type="checkbox"/> Military service member. <input type="checkbox"/> Veteran. <input type="checkbox"/> Immediate family of service member/veteran.

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EMAIL [AGINFO@ag.nv.gov](mailto:AGINFO@ag.nv.gov) to submit any additional information.