

STATE OF NEVADA OFFICE OF THE ATTORNEY GENERAL

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

For official use only:
Received by:
Date Received:
Complaint
Туре:
Referred to: BCP GI
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[Stamp here]
[2

www.ag.nv.gov

HIGH TECH CRIME COMPLAINT FORM

The information you report on this form may be used to help us investigate violations of state laws. When completed, mail or fax your form and supporting documents to the office location 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. If you have a claim against the State of Nevada, complete the Tort Claim Form found on our website.

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. C	Ms. Miss					
Last		First	MI			
Your Address:						
Address		City	State	Zip		
Your Phone Number : Home	Cell	Work	Fax			
Email: Age: O Under 18 18-29	□ ₃₀₋₃₉ □ ₄₀₋₄₉	Call me bei 	tween 8am-5pm at: Ho	ome Cell Work		
Business/Provider Name:						
Individual/Contact:						
Last		First		ob Title <i>(Example: CEO)</i>		
Individual/Business Address:						
	Address	City	State	Zip		
Individual/Business Phone:		-				
	Work	Mobile	Fax			
Individual/Business Email:						
Individual/Business Web Site:						
	IRC Server:					
Chat Room Name:						
Usenet Newsgroup:						

SECTION 2.	<u> </u>	
Did you make any payments to this	individual or business? Yes– <i>Continue to</i>	Next Question 🛄 No–Skip to Section 3
How much did the company/individu	al ask you to pay?	
How much did you actually pay? \$	Payment Method: Cash	Credit Card Debit Card Check
Financed Wire Transfer	Money Order Cashier's Check Other:	
	No If yes, date you signed the contract	
Identify your attempts to resolve the	issue(s) with the company, corporation, or orga	anization.
SECTION 3.		
Did you suffer a monetary loss oth	er than from payments made?	tinue to Next Question
Section 4		
	Date(s) of losses (mm/dd/yyy	ð.
		/)
Please describe the nature of the me	onetary losses.	
SECTION 4.		
	complaint against the individual, business, why of your complaint. You may use additior	
		-
My complaint is:		
SECTION 5.		
Have you contacted another agency	, for assistance?	
If so, what is the agencies name, co	ntact person's name, and contact information?	
Agency Name	Contact Peron's Last Name	Contact Peron's First Name
Contact Person's Phone	Contact Person's Email	
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Date reported (mm/dd/yyyy):	Report number (if known):		
Have you contacted an attorney? Yes No If so, what is the attorney's name, address, and phone number?				
Last	First	Phon	e	
Address	City	State	Zip	
Is court action pending? Yes No	H	ave you lost a lawsuit in this	matter? Ves No	
SECTION 6. List and attach photocopies of any relevant doct complaint (examples include billing statements, co document which explains or supports the matters ra checks that pertain to this complaint.	prrespondence, rec	eipts, payment information,	witnesses, and any other	
SECTION 7. List any other known witnesses or victims. Ple websites.	ase provide name	s, addresses, phone numbe	rs, email addresses, and/or	
SECTION 8.				
Sign and date this form. The Attorney Gener complaints.	al's Office cann	ot process any unsigned	, incomplete, or illegible	
I understand that the Attorney General is not my prohibiting fraudulent, deceptive or unfair business private citizens seeking refunds or other legal remed activities of a particular business or individual. I un establish violations of Nevada law in both private an send a copy of this form to the person or firm about send my complaint and supporting documents to the that the Attorney General may need to refer my co	s practices. I und dies. I am filing thi inderstand that the ind public enforcem whom you are con the individual or b implaint to a more	erstand that the Attorney G s complaint to notify the Atto information contained in this ent actions. In order to reso nplaining. I authorize the A usiness identified in this con appropriate agency.	General does not represent rney General's Office of the s complaint may be used to live your complaint, we may ttorney General's Office to mplaint. I also understand	
I certify under penalty of perjury that the information	provided on this fo	rm is true and correct to the	best of my knowledge.	
Signature	Print Name			
Date (mm/dd/yyyy)				
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SECTION 9. (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/)						
I am (mark all that apply):	Ethnic Identification:	Primary Language:				
Income below federal poverty guideline	White/Caucasian					
Disaster victim	Black/African American	Spanish Spanish				
Person with disability	Hispanic/Latino	Other:				
Medicaid recipient	Native American/Alaskan Nat	tive				
Military service member	Asian/Pacific Islander					
U Veteran	Other:					
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						

Return <u>original form to:</u> Office of the Attorney General – ATTN: High Tech Crime Unit 555 E. Washington Avenue, # 3900 Las Vegas, NV 89101 Fax: 702-486-3768 (Faxed copies will be accepted followed by original)