



STATE OF NEVADA  
OFFICE OF THE ATTORNEY GENERAL

555 E. Washington Ave., #3900  
Las Vegas, NV 89101  
Phone: 702-486-3420  
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[www.ag.nv.gov](http://www.ag.nv.gov)

For official use only:

Received by: \_\_\_\_\_

Date Received: \_\_\_\_\_

Complaint  
Type: \_\_\_\_\_

Referred to:  BCP  GI  
 IFU  OML  MFU  
 MFCU  PJU  WCFU  
(Stamp here)

## 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.  Ms.  Miss

Your Name: \_\_\_\_\_  
Last First MI

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

#### 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: \_\_\_\_\_

IP Address: \_\_\_\_\_ IRC Server: \_\_\_\_\_

Chat Room Name: \_\_\_\_\_

Usenet Newsgroup: \_\_\_\_\_ Other: \_\_\_\_\_

**SECTION 2.**

Did you make any payments to this individual or business?  Yes—*Continue to Next Question*  No—*Skip to Section 3*

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.  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION 3.**

Did you suffer a monetary loss other than from payments made?  Yes—*Continue to Next Question*  No—*Skip to Section 4*

**Section 4**

Total amount of monetary loss? \_\_\_\_\_ Date(s) of losses (mm/dd/yyyy): \_\_\_\_\_

Please describe the nature of the monetary losses.  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION 4.**

**Please detail the nature of your complaint against the individual, business, or provider listed in Section 1. Include the who, what, where, when, and why of your complaint. You may use additional sheets if necessary.**

My complaint is: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION 5.**

Have you contacted another agency for assistance?  Yes  No

If so, what is the agencies name, contact 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	



## 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/yyyy) of your original complaint: \_\_\_\_\_

**I am (mark all that apply):**

- Income below federal poverty guideline
- Disaster victim
- Person with disability
- Medicaid recipient
- Military service member
- Veteran
- Immediate family of service member/veteran

**Ethnic Identification:**

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

**Primary Language:**

- English
- Spanish
- Other: \_\_\_\_\_

**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 original form to:**

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)