



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: \_\_\_\_\_



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	Phone	
_____	_____	_____	_____
Address	City	State	Zip
Is court action pending?    Yes        No	Have you lost a lawsuit in this matter?    Yes        No		

**SECTION 6.**

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 7.**

List any other known witnesses or victims. Please provide names, addresses, phone numbers, email addresses, and/or websites.

**SECTION 8.**

Sign and date this form. The Attorney General's Office cannot process any unsigned, incomplete, or illegible complaints.

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 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: \_\_\_\_\_

<b><u>I am (mark all that apply):</u></b>	<b><u>Ethnic Identification:</u></b>	<b><u>Primary Language:</u></b>
Income below federal poverty guideline	White/Caucasian	English
Disaster victim	Black/African American	Spanish
Person with disability	Hispanic/Latino	Other: _____
Medicaid recipient	Native American/Alaskan Native	
Military service member	Asian/Pacific Islander	
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 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)