

Name and address of other involved persons or persons who can provide additional information: _____

SECTION 2.

Did you make any payments to this individual or company? 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

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.

Have you contacted another agency for assistance? Yes No

If so, which agency? _____

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 3.

Please detail the nature of your complaint against the insurance company, individual or provider listed in Section 1. Include the who, what, where, when, and why of your complaint. (Please include any nicknames or aliases, identifying information such as Social Security number(s), license plate(s), year/make of vehicle(s), etc.). You may use additional sheets if necessary.

My complaint is:

SECTION 4.

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 5.

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 6. (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: Insurance Fraud Unit
555 E. Washington Avenue, # 3900
Las Vegas, NV 89101
Fax: 702-486-3768
(Faxed copies will be accepted followed by original)