



**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

For official use only:

Received by: _____

Date Received: _____

Complaint
Type: _____

Referred to: BCP GI
 IFU OML MFU
 MFCU PIU WCFU
[Stamp here]

MORTGAGE FRAUD 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 one of 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: _____

SECTION 3.

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, full explanation of the transaction involved and a chronology of the events. 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 proof of deposits; bank information; wire transfers; any realtor, broker, property, escrow instructions; loan files; 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 * . (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: _____

<u>I am (mark all that apply):</u>	<u>Ethnic Identification:</u>	<u>Primary Language:</u>
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 Office	Called/visited Reno 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: OML Coordinator
100 N. Carson St.
Carson City, NV 89701
Fax: 775-684-1108
(Faxed copies will be accepted followed by original)