

SECTION 4. (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 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)