

**STATE OF NEVADA**  
**OFFICE OF THE ATTORNEY GENERAL**

100 N. CARSON ST., CARSON CITY, NV 89701 – TEL# 775-684-1100 – FAX# 775-684-1108  
 555 E. WASHINGTON AVE., STE 3900, LAS VEGAS, NV 89101 – TEL# 702-486-3420 – FAX# 702-486-3768



**COMPLAINT FORM**

*The information you provide on this form may be used to help us investigate violations of state laws. **Please be sure to complete all required fields.** The length of this process can vary depending on the circumstances and information you provide. The Attorney General's office may contact you if additional information is needed. Supplemental materials can be attached to Section 6 of this complaint form, and if additional supplemental materials are acquired after submitting this form, please email them to [AGCOMPLAINT@ag.nv.gov](mailto:AGCOMPLAINT@ag.nv.gov) with COMPLAINT in the subject line.*

**\*\*\*ONLY COMPLAINTS THAT ARE SIGNED WILL BE PROCESSED\*\*\***

HAVE YOU PREVIOUSLY FILED A COMPLAINT WITH OUR OFFICE?    YES    NO

If so, what are the approximate dates of previously filed complaint(s)?

**SECTION 1: COMPLAINANT INFORMATION**

LAST NAME:		FIRST NAME:		M.I.
ORGANIZATION:				
ADDRESS:		CITY:	STATE:	ZIP:
PHONE/MOBILE:		EMAIL:		
AGE GROUP:	<input type="checkbox"/> UNDER 18	<input type="checkbox"/> 18 to 59	<input type="checkbox"/> 60 AND OVER	
PRIMARY LANGUAGE:				

**SECTION 2: TYPE OF COMPLAINT**

GENERAL INVESTIGATIONS	MISSING CHILDREN	TICKET SALES
HIGH TECH CRIME	MORTGAGE FRAUD	WORKERS COMP FRAUD
INSURANCE FRAUD	OPEN MEETING LAW	OTHER
MEDICAID FRAUD	PUBLIC INTEGRITY	

### SECTION 3: MY COMPLAINT IS AGAINST

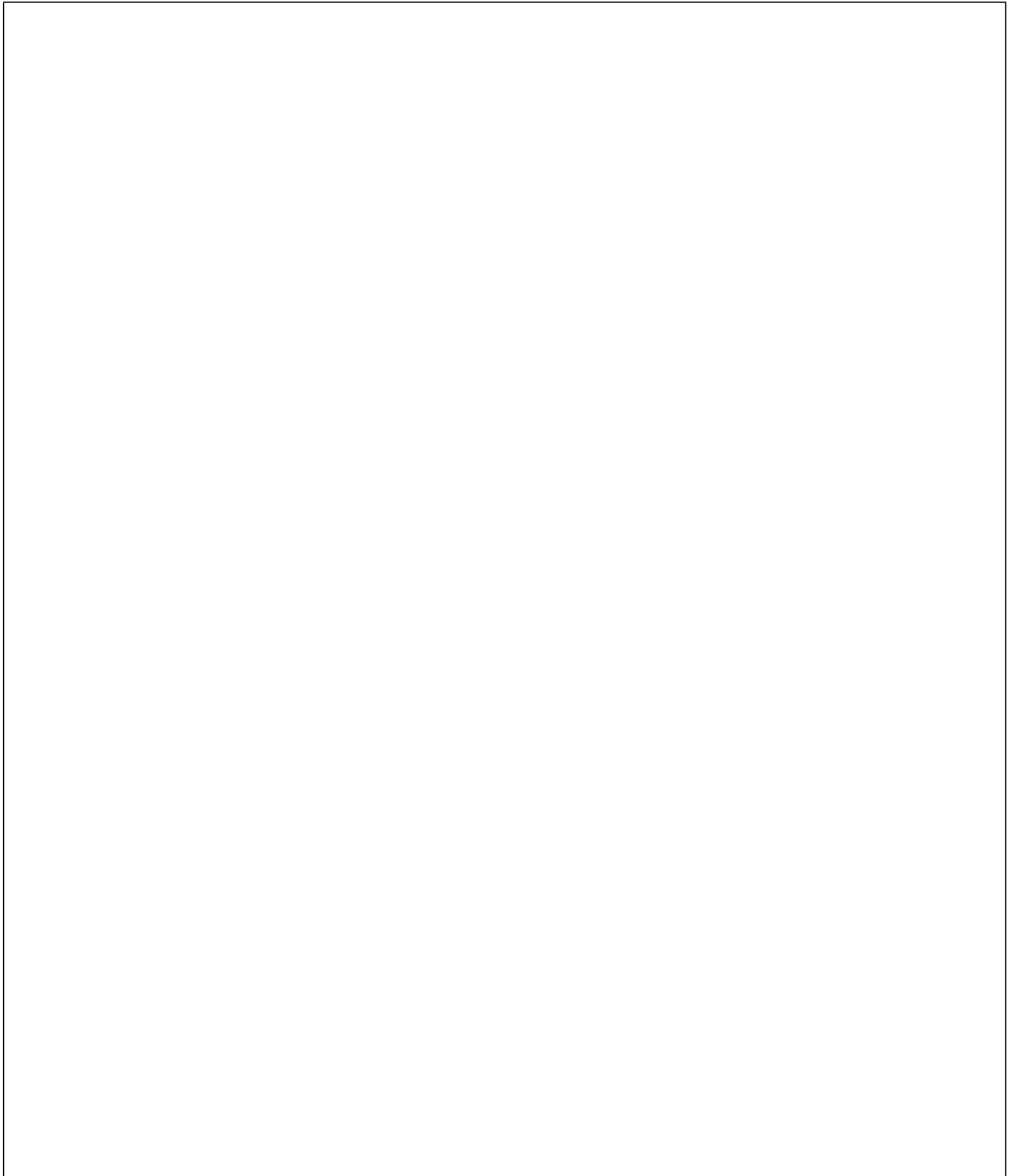
INDIVIDUAL BUSINESS AGENCY NAME OF INDIVIDUAL/BUSINESS/AGENCY:			
ADDRESS:	CITY:	STATE:	ZIP:
TELEPHONE NUMBER:	EMAIL:		
WEBSITE:			
DATE ALLEGED VIOLATION OCCURRED:			
WAS A CONTRACT SIGNED? YES NO			
HAVE YOU CONTACTED ANOTHER AGENCY FOR ASSISTANCE? YES NO IF SO, WHICH AGENCY?			
HAVE YOU HIRED AN ATTORNEY? YES NO IF SO, PROVIDE ATTORNEY'S CONTACT INFORMATION:			
IS COURT ACTION PENDING? YES NO			
DID YOU MAKE ANY PAYMENTS TO THE INDIVIDUAL OR BUSINESS? YES NO			
HOW MUCH WERE YOU ASKED TO PAY?	HOW MUCH DID YOU ACTUALLY PAY?		
DATE OF PAYMENT:	PAYMENT METHOD:		

*Continue to Section 4 to describe complaint.*

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## SECTION 4: DESCRIBE YOUR COMPLAINT:

➤ *(to add attachments, see Section 5)*



*[EMAIL\\_AGCOMPLAINT@ag.nv.gov](mailto:EMAIL_AGCOMPLAINT@ag.nv.gov) to submit any additional information*

## SECTION 5: EVIDENCE

List and attach photocopies of any relevant documents, agreements, correspondence or receipts that support your complaint. Copy both sides of any canceled checks that pertain to this complaint.

## SECTION 6: WITNESSES

List any other known witnesses or victims. Please provide names, addresses, phone numbers, email address and website information.

## SECTION 7: SIGN AND DATE THIS FORM

(The Attorney General's Office will not process any unsigned, incomplete or illegible complaint forms)

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.

**\*\*\*\*ONLY COMPLAINTS THAT ARE SIGNED WILL BE PROCESSED\*\*\*\***

SIGNATURE:

PRINTNAME:

DATE:

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➤ SECTION 8: OPTIONAL INFORMATION

**GENDER:**    MALE    FEMALE

**ETHNICITY:**

WHITE/CAUCASIAN	BLACK/AFRICAN AMERICAN	HISPANIC/LATINO
NATIVEAMERICAN/ALASKAN	ASIAN/PACIFIC ISLANDER	OTHER:

**HOW DID YOU HEAR ABOUT OUR COMPLAINT FORM (CHOOSE ONE):**

CALLED/VISITED OUR CARSON CITY OFFICE	SEARCH ENGINE
CALLED/VISITED OUR LAS VEGAS OFFICE	AG SOCIAL MEDIA SITE
CALLED/VISITED OUR RENO OFFICE	ATTENDED AN AG PRESENTATION
NEVADA OFFICIAL/ELECTED OFFICIAL	OTHER

**MARK ALL THAT APPLY**

INCOME BELOW POVERTY LEVEL	MILITARY SERVICEMEMBER
DISASTER VICTIM	IMMEDIATE FAMILY OF SERVICEMEMBER/VETERAN
PERSON WITH DISABILITY	VETERAN
MEDICAID RECIPIENT	OTHER:

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[EMAIL AGCOMPLAINT@aq.nv.gov](mailto:EMAIL_AGCOMPLAINT@aq.nv.gov) to submit any additional information

ADDITIONAL COMMENTS:

*What are you hoping the Attorney General's office can do for you?*

*EMAIL [AGCOMPLAINT@ag.nv.gov](mailto:AGCOMPLAINT@ag.nv.gov) to submit any additional information*