

# STATE OF NEVADA OFFICE OF THE ATTORNEY GENERAL

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## COMPLAINT FORM

*If you have a life-threatening emergency or are in immediate danger, please contact local law enforcement by dialing 911 on your telephone or cellular phone. The information you provide on this form may be used to help us investigate violations of state laws therefore it is important to complete all required fields. The length of this process can vary depending on the circumstances and information you provide. Please note: The Attorney General cannot provide you with legal advice or represent you in personal legal actions. If you cannot afford a private attorney, you may consider contacting your local legal aid office.*

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

**\*\*\*PLEASE WRITE LEGIBLY\*\*\***

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

If so, what was the approximate date(s) of the previously filed complaint(s)?

<b>SECTION 1: COMPLAINANT INFORMATION</b> (Please enter <u>your</u> contact information.)		
Prefix (choose one): <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss. <input type="checkbox"/> Dr.		
First Name:	Middle Name:	
Last Name:		
Suffix (choose one): <input type="checkbox"/> Jr. <input type="checkbox"/> Sr. <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> Other _____		
Your Organization or Company Name if filing on behalf of your Organization or Company:		
Street Address:		
City:	State:	Zip Code:
Preferred Phone Number:		
Email:		
Age Group (choose one): <input type="checkbox"/> UNDER 18 <input type="checkbox"/> 18 To 59 <input type="checkbox"/> 60 And Over		
Primary Language:	Do require a translator? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If so, are you able to provide one? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Check box if you prefer to submit this complaint anonymously or it is a whistleblower complaint.		

<b>SECTION 2: TYPE OF COMPLAINT (choose one)</b>	
<input type="checkbox"/> Consumer/Financial Fraud (Scam)	<input type="checkbox"/> Open Meeting Law
<input type="checkbox"/> High Tech Crime	<input type="checkbox"/> Opioid Crimes
<input type="checkbox"/> Human Trafficking	<input type="checkbox"/> Public Integrity
<input type="checkbox"/> Insurance Fraud	<input type="checkbox"/> Ticket Sales / Ticket Resellers
<input type="checkbox"/> Medicaid Fraud	<input type="checkbox"/> Workers Comp Fraud
<input type="checkbox"/> Missing Children	<input type="checkbox"/> Other _____ (please indicate topic)
<input type="checkbox"/> Mortgage Fraud	

<b>SECTION 3: MY COMPLAINT IS AGAINST</b> (Do not re-enter your contact information in this section. Leave this section blank if information is unknown or if not filing a complaint against a specific individual, business, or agency.)		
COMPLAINT AGAINST: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> BUSINESS <input type="checkbox"/> AGENCY		
Name of Individual:		
Name of Business or Agency:		
Contact at Business or Agency:		
Additional Contact, If Applicable:		
Street Address:		
City:	State:	Zip Code:
Telephone Number:	Other:	
Email:	Website:	
Date Alleged Violation Occurred:		
Was a Contract Signed? <input type="checkbox"/> YES <input type="checkbox"/> NO	If So, Provide Date:	
Have You Contacted Another Agency for Assistance? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If So, Which Agency:		
Have You Hired an Attorney? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If So, Provide Attorney's Name and Contact Information:		
Is a Court Action Pending? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Did You Make Any Payments to the Individual or Business? <input type="checkbox"/> YES <input type="checkbox"/> NO		
How Much Were You Asked to Pay?		
How Much Did You Actually Pay?		
Date of Payment:	Payment Method:	

**SECTION 4: DESCRIBE YOUR COMPLAINT:**

- Description of complaint is limited to the space provided below. *Please be as accurate and concise as possible. The Attorney General's office may contact you if additional information is needed.*

## SECTION 5: EVIDENCE

Describe 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 known witnesses or victims. Please provide names with addresses, phone numbers, email addresses, and/or social or 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 strives to protect the public in part through enforcement of laws prohibiting fraudulent, deceptive, or unfair business practices. I understand that the Attorney General is prohibited by law from representing private citizens and does not seek refunds or other legal remedies on their behalf. I am filing this complaint to notify the Attorney General's Office of the activities of a particular business, public body or individual. I understand that the information obtained in this complaint may be used to establish violations of Nevada law in both private and public enforcement actions and I agree to cooperate as a witness if required to do so. I understand that in order to assist in resolution of my complaint, the Attorney General may need to send a copy of this complaint form and any supporting documentation or correspondence to the business, public body, or individual about whom I am complaining, or another federal, state, or local agency, and I authorize this dissemination. I understand that if this complaint may be treated as a public record under Nevada's Open Meeting Law, and as such, it may be provided to the public upon request.

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:

PRINT NAME:

DATE:

**SECTION 8: OPTIONAL INFORMATION**

GENDER:     MALE         FEMALE         OTHER

ETNICITY (choose one):

- |   |  |
|---|--|
| <input type="checkbox"/> White/Caucasian        | <input type="checkbox"/> Native American / Alaskan |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Asian / Pacific Islander  |
| <input type="checkbox"/> Hispanic / Latino      | <input type="checkbox"/> Other                     |

HOW DID YOU HEAR ABOUT OUR COMPLAINT FORM (choose one):

- |   |  |
|---|--|
| <input type="checkbox"/> Contacted our Carson City Office | <input type="checkbox"/> AG Website                  |
| <input type="checkbox"/> Contacted our Las Vegas Office   | <input type="checkbox"/> AG Social Media Site        |
| <input type="checkbox"/> Contacted our Reno Office        | <input type="checkbox"/> Attended an AG Presentation |
| <input type="checkbox"/> Nevada or Elected Official       | <input type="checkbox"/> Other                       |

MARK ALL THAT APPLY:

- |   |   |
|---|---|
| <input type="checkbox"/> Income Below Poverty Level | <input type="checkbox"/> Military Service Member                |
| <input type="checkbox"/> Disaster Victim            | <input type="checkbox"/> Immediate Family of Service Member/Vet |
| <input type="checkbox"/> Person with Disability     | <input type="checkbox"/> Veteran                                |
| <input type="checkbox"/> Medicaid Recipient         | <input type="checkbox"/> Other                                  |

**ADDITIONAL COMMENTS:**

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

**THANK YOU FOR SUBMITTING A COMPLAINT TO THE NEVADA ATTORNEY GENERAL'S OFFICE. YOU WILL BE CONTACTED BY A MEMBER OF OUR STAFF IF ADDITIONAL INFORMATION IS NEEDED FROM YOU.**