



STATE OF NEVADA  
OFFICE OF THE ATTORNEY GENERAL

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[ag.nv.gov](http://ag.nv.gov)

# COMPLAINT FORM

Thank you for taking the time to complete this complaint form. When completed mail your completed form and support documents to one of the office locations listed above (it is not necessary to submit this form to both locations). Upon receipt of your complaint, a member of our staff will review your complaint. The length of this process can vary depending on the circumstances and information you are able to provide with your complaint.

**INSTRUCTIONS: Please type or print your complaint in ink and complete the form fully.**

## SECTION 1.

### COMPLAINT

Your First Name: \_\_\_\_\_

Your Last Name: \_\_\_\_\_

Your Address: \_\_\_\_\_

(City) (State) (Zip)

Your Phone Number (#): \_\_\_\_\_

Your Mobile #: \_\_\_\_\_

Your Fax #: \_\_\_\_\_

Your Email: \_\_\_\_\_

Your Date of Birth: \_\_\_\_\_

### YOUR COMPLAINT IS AGAINST

Individual/Business: \_\_\_\_\_

If Business, Contact Person: \_\_\_\_\_

Individual/Business Address: \_\_\_\_\_

(City) (State) (Zip)

Individual/Business Phone #: \_\_\_\_\_

Individual/Business Mobile #: \_\_\_\_\_

Individual/Business Fax #: \_\_\_\_\_

Individual/Business Email: \_\_\_\_\_

Individual/Business Web Site: \_\_\_\_\_

## SECTION 2.

**Did you make any payments to this individual or business?** Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide:

Date of payments: \_\_\_\_\_

Form of payments: \_\_\_\_\_

Total amount of payments: \_\_\_\_\_

## SECTION 3.

**Please detail the nature of your complaint against the above named individual or business. Include the “who, what, when, why, and where” of your complaint.** You may use additional sheets if necessary.

My complaint is: \_\_\_\_\_

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**SECTION 4.**

List and attach photocopies (no originals) of any relevant documents, agreements, correspondence, or receipts that support your complaint. Copy both sides of any canceled checks that pertain to this complaint.

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_
- e. \_\_\_\_\_
- f. \_\_\_\_\_
- g. \_\_\_\_\_
- h. \_\_\_\_\_
- i. \_\_\_\_\_

**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. I authorize the Attorney General's Office to send my complaint and supporting documents to the individual or business identified in this complaint.

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: \_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

Date: \_\_\_\_\_