



STATE OF NEVADA
OFFICE OF THE ATTORNEY GENERAL

555 E. Washington Ave., #3900
Las Vegas, NV 89101
Phone: 702-486-3420
Fax: 702-486-3768
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]

INSURANCE FRAUD INDIVIDUAL 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 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

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

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: _____

Name and address of other involved persons or persons who can provide additional information:

SECTION 2.

Did you make any payments to this individual or company? Yes—**Continue to Next Question** No—**Skip to Section 3**

How much did the company/individual ask you to pay? _____

Date(s) of payments (mm/dd/yyyy): _____

How much did you actually pay? \$ _____ Payment Method: Cash Credit Card Debit Card Check

Financed Wire Transfer Money Order Cashier's Check Other: _____

Was a contract signed? Yes No If yes, date you signed the contract (mm/dd/yyyy): _____

Identify your attempts to resolve the issue(s) with the company, corporation, or organization.

Have you contacted another agency for assistance? Yes No

If so, which agency? _____

Have you contacted an attorney? Yes No

If so, what is the attorney's name, address, and phone number?

Last

First

Phone

Address

City

State

Zip

Is court action pending? Yes No

Have you lost a lawsuit in this matter? Yes No

SECTION 3.

Please detail the nature of your complaint against the insurance company, individual or provider listed in Section 1. Include the who, what, where, when, and why of your complaint. (Please include any nicknames or aliases, identifying information such as Social Security number(s), license plate(s), year/make of vehicle(s), etc.). 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 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 6. (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):

Ethnic Identification:

Primary Language:

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 AG Office Called/visited Reno AG 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: Insurance Fraud Unit
555 E. Washington Avenue, # 3900
Las Vegas, NV 89101
Fax: 702-486-3768
(Faxed copies will be accepted followed by original)