



STATE OF NEVADA
OFFICE OF THE ATTORNEY GENERAL

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www.ag.nv.gov

For official use only:

Received by: _____

Date Received: _____

Complaint
Type: _____

Referred to: BCP GI
 IFU OML MFU
 MFCU PJU WCFU
(Stamp here)

MEDICAID FRAUD COMPLAINT FORM

Complete this form to report possible Medicaid Fraud violations by any health care provider practicing in Nevada, or any instance of abuse, neglect, isolation or exploitation of a person 60 years of age or older residing in a board and care facility. 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 one of the office locations listed above (it is not necessary to submit this form to both locations). 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

Salutation: Mr. Mrs. Ms. Miss

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

BUSINESS OR INDIVIDUAL 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: _____

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 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):

- 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 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 _____