

SECTION 2.

Please detail the specific violations against the board, commission, or agency or person listed in Section 1. Include the who, what, where, when, and why of your complaint. You may use additional sheets if necessary. Remember the Open Meeting Law applies only to public bodies (see NRS 241.015 for definition) and only to members of public bodies.

My complaint is:

SECTION 3.

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. I am filing this complaint to notify the Attorney General's Office of alleged violations of the Open Meeting law by public bodies or individual members of a public body. I understand that the information contained in this complaint may be used by the Attorney General to investigate the public body named in my complaint. I understand that the Attorney General has statutory authority to require public bodies to comply with the Open Meeting Law. In order to resolve your complaint, we may send a copy of this form to the public body about whom you are complaining. I authorize the Attorney General's Office to send my complaint and supporting documents to the public body identified in this complaint.

Signature

Print Name

Date (mm/dd/yyyy)

SECTION 4. (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: _____

<u>I am (mark all that apply):</u>	<u>Ethnic Identification:</u>	<u>Primary Language:</u>
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 Office Called/visited Reno 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: OML Coordinator
100 N. Carson St.
Carson City, NV 89701
Fax: 775-684-1108
(Faxed copies will be accepted followed by original)