



DEPARTMENT OF BUSINESS AND INDUSTRY
OFFICE OF THE DIRECTOR
CONSUMER AFFAIRS UNIT

COMPLAINT FORM

Complete, sign and return this complaint form. Include as much information as possible. If you have any documents such as bills or other correspondence related to this matter, please attach a **copy** of those items with your complaint. Please do not send original documents. If your complaint falls under the jurisdiction of another agency, the Consumer Affairs Unit may forward your complaint to that agency for review/resolution.

SECTION 1.

YOUR INFORMATION

First Name: _____

Last Name: _____

Address: _____

(City) (State) (Zip)

Phone/Mobile: _____

Email Address: _____

YOUR COMPLAINT IS AGAINST

Individual/Business: _____

If Business, Contact Person: _____

Individual/Business Address: _____

(City) (State) (Zip)

Individual/Business Phone #: _____

Individual/Business Fax #: _____

Individual/Business Email Address _____

SECTION 2.

Did you make any payments to this individual or business?

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 (circle all that apply): 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): _____

SECTION 3.

Please detail the nature of your complaint against the above named individual/business.

My Complaint is: _____

SECTION 4.

Sign and date this form. The Consumer Affairs Unit will not process unsigned, incomplete or illegible complaints.

I understand that the Consumer Affairs Unit may assist the public by investigating possible fraud, deceptive or unfair business practices. I understand that the Consumer Affairs Unit does **not** provide legal advice or represent private citizens seeking refunds or other legal remedies. I am filing this complaint to notify the Consumer Affairs Unit of the activities of a particular business or individual. I understand that the information contained in the complaint may be used to establish violations of Nevada Law in both private and public enforcement actions. I authorize the Consumer Affairs Unit to send my complaint and supporting documents to the individual or business identified in this complaint.

(Signature)

(Print Name)

(Date)

(Signature)

(Print Name)

(Date)

