

STATE OF NEVADA

BRIAN SANDOVAL
Governor



BRUCE BRESLOW
Director

TERRY REYNOLDS
Deputy Director

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

COMPLAINT FORM

Complete, sign, date and return complaint form. Please provide any documents (i.e., bills, receipts, contracts or other correspondence related to this matter) attach a **copy** of those items with your complaint. 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 _____

Your age: 18-34 ____ 35-65 ____ 65+ ____

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): _____

Total amount you paid? \$ _____

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. You may note “see attached” here and attach description if desired.

On _____(please insert date issues began):

SECTION 4.

Please detail the steps you have taken to resolve this issue with the above named individual/business. (You may attach additional sheets if necessary.)

SECTION 5.

Please detail what resolution you wish to obtain with this complaint. (You may attach additional sheets if necessary.)

SECTION 6.

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)

(Signature)

(Print Name)

(Print Name)

(Date)

(Date)