



DEPARTMENT OF BUSINESS AND INDUSTRY  
OFFICE OF THE DIRECTOR

# COMPLAINT FORM

## *Ombudsman of Consumer Affairs for Minorities*

**INSTRUCTIONS: PLEASE TYPE OR PRINT (IN INK) AND SIGN THE COMPLETED FORM.**

### SECTION 1.

#### CONSUMER COMPLAINT

Your Last Name: \_\_\_\_\_

Your First Name: \_\_\_\_\_

Your Address: \_\_\_\_\_

\_\_\_\_\_  
(City) (State) (Zip)

Your Phone Number (#): \_\_\_\_\_

Your Mobile #: \_\_\_\_\_

Your Fax #: \_\_\_\_\_

Your Email: \_\_\_\_\_

How did you heard about us \_\_\_\_\_

Age  18 - 34  35 - 59  60+

#### YOUR COMPLAINT IS AGAINST

Individual/Business: \_\_\_\_\_

If Business, Contact Person: \_\_\_\_\_

Individual/Business Address: \_\_\_\_\_

\_\_\_\_\_  
(City) (State) (Zip)

Individual/Business Phone #: \_\_\_\_\_

Individual/Business Mobile #: \_\_\_\_\_

Individual/Business Fax #: \_\_\_\_\_

Individual/Business Email: \_\_\_\_\_

Individual/Business Website: \_\_\_\_\_

Age  18 - 34  35 - 59  60+

### SECTION 2.

**Did you make any payments to this individual or business? Yes \_\_\_\_\_ No \_\_\_\_\_**

If yes, please provide:

Date Issue Began: \_\_\_\_\_

Date of payments: \_\_\_\_\_

Form of payments: \_\_\_\_\_

Total amount of payments: \_\_\_\_\_

HOW MUCH MONEY ARE YOU DUE AS OF THE DATE OF THIS COMPLAINT? \_\_\_\_\_

THE COMPLAINT IS ONLY TO NOTIFY ACTIVITIES OF PARTICULAR BUSSINESS OR INDIVIDUAL? \_\_\_\_\_

**PLEASE ATTACH COPIES OF ALL DOCUMENTS. PLEASE COPY BOTH SIDES OF ALL CHECKS.**

**SECTION 3.**

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

-My Complaint Is: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**(You may attach additional sheets if necessary.)**

-Steps Taken To Resolve Issue: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

-Resolution Wanted: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION 4. PLEASE ATTACH COPIES OF ALL DOCUMENTS**

List and attach all photocopies (NO ORIGINALS) of any relevant documents, agreements, correspondence, or receipts that support your complaint, include affidavits, such as proof of purchase, cancelled checks, contracts, warranties etc.

a. \_\_\_\_\_ b. \_\_\_\_\_  
c. \_\_\_\_\_ d. \_\_\_\_\_

**SECTION 5.**

**PLEASE SIGN AND DATE THIS FORM.**

I declare under penalty of perjury, under the laws of the State of Nevada, that all statements contained in this complaint and any accompanying documents are true and correct, with full knowledge that all statements made are subject to investigation and that any false or dishonest answers to any questions may be grounds for denial or subsequent revocation of an investigation. I understand the Ombudsman of Consumer Affairs for Minorities may assist the public by investigating possible fraud, deceptive or unfair business practices. I understand the Ombudsman does **not** provide legal advice or represent private citizens seeking refunds or other legal remedies. I am filing this complaint to notify activities of a particular business or individual. I authorize the Ombudsman to send my complaint and supporting documents to the individual or business identified in this complaint.

**I hereby affirm under penalty of perjury that I am an adult, 18 years of age or older, and I have personal knowledge of this matter stated herein, and the assertions contained in this complaint are true.**

\_\_\_\_\_  
(Signature) (Print Name) DATE \_\_\_\_\_