



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 NOTE IS VERY IMPORTANT YOUR NARRATIVE-

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

-My Complaint Is: _____

(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. _____

e. Please-advise if you have any legal counsel () name _____ or Attorney () name _____

**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 _____