

STATE OF NEVADA

BRIAN SANDOVAL  
Governor



BRUCE H. BRESLOW  
Director

TERRY J. REYNOLDS  
Sr. Deputy Director

MARCEL F. SCHAEERER  
Deputy Director

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

COMPLAINT FORM

Complete, sign, date and return complaint form. Please provide a copy of any relevant 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, Nevada Consumer Affairs 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 age: 18-34 \_\_\_ 35-60 \_\_\_ 60+ \_\_\_

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): \_\_\_\_\_

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: \_\_\_\_\_

Did you sign a contract?    Yes      No      If yes, date you signed the contract (mm/dd/yyyy): \_\_\_\_\_

