

STATE OF NEVADA

BRIAN SANDOVAL  
Governor



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Director

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Sr. Deputy Director

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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

YOUR COMPLAINT IS AGAINST

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

Business: \_\_\_\_\_

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

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

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

Business Address: \_\_\_\_\_

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

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

Phone/Mobile: \_\_\_\_\_

Business Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Business Fax #: \_\_\_\_\_

Business Email Address \_\_\_\_\_

Your age: 18-34 \_\_\_ 35-59 \_\_\_ 60+ \_\_\_

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

### SECTION 3.

Please detail the nature of your complaint against the above-named individual/business. (You may attach additional sheets if necessary, but at a minimum summarize your complaint on this page.)

On \_\_\_\_\_ (please insert date issues began):

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### 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.)

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### SECTION 5.

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

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### SECTION 6.

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

I understand Nevada Consumer Affairs may assist the public by investigating possible fraud, deceptive or unfair business practices. I understand Nevada Consumer Affairs does **not** provide legal advice or represent private citizens seeking refunds or other legal remedies. I am filing this complaint to notify Nevada Consumer Affairs 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 Nevada Consumer Affairs to send my complaint and supporting documents to the individual or business identified in this complaint.

I certify under penalty of perjury that the information provided on this form is true and correct to the best of my knowledge.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Date)