



STATE OF NEVADA  
 DEPARTMENT OF BUSINESS AND INDUSTRY  
**MAIL TO: NEVADA CONSUMER AFFAIRS DIVISION**  
 1850 East Sahara • Suite 101 • Las Vegas • Nevada • 89104  
 Telephone (702) 486-7355 • Fax (702) 486-7371  
 E-mail: Ncad@fyiconsumer.org

# CONSUMER COMPLAINT FORM

Thank you for taking the time to complete this complaint form. Consumer complaints are one of the primary sources of information upon which the Nevada Consumer Affairs Division relies on to identify problem areas. If your complaint falls under the jurisdiction of another agency, the Nevada Consumer Affairs Division may forward your complaint to that agency.

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: \_\_\_\_\_

Are you 65 years of age or older?  Yes  No

### 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 Web Site: \_\_\_\_\_

## SECTION 2.

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

If yes, please provide:

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

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

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

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

## SECTION 3.

Please detail the nature of your complaint against the above named individual or business. Include the "who, what, when, why, and where" of your complaint.

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

PLEASE CONTINUE TYPING OR PRINTING YOUR COMPLAINT HERE:

---

---

---

---

---

---

(You may attach additional sheets if necessary.)

**SECTION 4.**

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

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_
- e. \_\_\_\_\_
- f. \_\_\_\_\_
- g. \_\_\_\_\_
- h. \_\_\_\_\_
- i. \_\_\_\_\_

**SECTION 5.**

PLEASE SIGN AND DATE THIS FORM. THE NEVADA CONSUMER AFFAIRS DIVISION WILL NOT PROCESS ANY UNSIGNED, INCOMPLETE OR ILLEGIBLE COMPLAINTS.

I understand that the Nevada Consumer Affairs Division represents the public by ensuring that businesses are in compliance with the laws prohibiting fraudulent, deceptive or unfair business practices. I understand that the information contained in this complaint may be used to establish violations of Nevada law in both private and public enforcement actions. I understand that the Nevada Consumer Affairs Division will 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, that I have personal knowledge of this matter stated herein, and that the assertions contained in this complaint are true.**

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

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

Date: \_\_\_\_\_

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

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

Date: \_\_\_\_\_