

STATE OF NEVADA
OFFICE OF THE ATTORNEY GENERAL
BUREAU OF CONSUMER PROTECTION
555 E. WASHINGTON AVENUE, SUITE 3900
LAS VEGAS, NEVADA 89101
(702) 486-3777

CONSUMER COMPLAINT FORM

**To enable our office to process your complaint, please complete this form in as much detail as possible.
You may mail or deliver the completed form to the above address.**

PLEASE BE SURE TO:

1. Type or print legible in ink
2. Fill out a separate form for each company
3. Mail or deliver the completed and signed form to the above address

COMPLAINANT INFORMATION

First and Last Name:

Mailing Address:

City: State: Zip Code:

Home Number:

Work Number

Are you 65 years old or older?

YOUR COMPLAINT IS AGAINST

Company Name:

Company Address:

City: State: Zip Code:

Company Phone:

Individual(s) Contacted: Title:

Date of Contact:

How did you send payment(s) to this company/organization?

Date of Purchase:

Amount of Purchase:

How did you pay?

What did you receive from the company?

(If you require more room, please attach a blank sheet of paper.)

Did the salesperson represent that your purchase or donation would be tax deductible or that you would otherwise derive a tax benefit? (Circle One) **Yes** **No**

If yes, please explain:

(If you require more room, please attach a blank sheet of paper.)

Please list the prizes and what the salesperson told you about the prizes, including the value and quality of the items:

What representation, if any, did the salesperson make about the requirements to receive the prize?

Did you have to pay taxes, costs, or purchase products in order to collect the prize? (Circle One) **Yes** **No**

If yes, Please explain:

(If you require more room, please
attach a blank sheet of paper.)

Did you receive the prize as promised?

(Circle One) **Yes** **No**

Please describe what you
received as your prize.

Were you called by a representative of the company to confirm you order?

(Circle One) **Yes** **No**

What were you told at this
time?

Did you ask for a refund?

(Circle One) **Yes** **No**

Did the company explain its refund policy to you at this time?

(Circle One) **Yes** **No**

If yes, Please explain:

Describe statements made to you, if any, which you feel were untrue, misleading or deceptive.

Have you purchased any items from a telemarketer prior to this incident? (Circle One) **Yes** **No**

If yes, list the names of the telemarketer(s) and the approximate date of purchase.

Attach copies of any relevant documents, agreements, correspondence, or receipts that support your complaint. If you include any canceled checks, copy both sides. Your signature is required to process this complaint.

Please sign and date this form in ink.

I hereby understand and certify, under penalty of perjury, that by signing this form, I am stating that the information contained herein is true and correct to the best of my knowledge.

Dated this _____ day of _____, 20_____.

Signature

Thank you for taking the time to complete this complaint. You will be hearing from our office concerning action on you matter.

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