

STATE OF NEVADA
DEPARTMENT OF BUSINESS AND INDUSTRY
FINANCIAL INSTITUTIONS DIVISION

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E-mail: FIDMaster@fid.state.nv.us www.fid.nv.gov

COMPLAINT FORM

Please Print or Type

Your Name: _____

Address: _____

Home Telephone: _____ Business Telephone: _____

Please indicate if you are represented by legal counsel: Yes___ No___

Name of Person or Business complaint is against: _____

Address of Person or Business: _____

Type of Licensee/Business (circle): State Chartered Bank State Chartered Credit Union Thrift Co Trust Co Money Transmitter
Installment Loan Check Cashing/Deferred Deposit/High Interest/Title Loan Collection Agency Uniform Debt Mgt Services
Private Professional Guardian

In filing this complaint, I understand that the Financial Institutions Division cannot provide legal advice or legal representation, act as a mediator in any dispute or compel financial remedy or refund. In this regard, we suggest that you seek private counsel to protect your interests. I am filing this complaint to notify your division of activities of a regulated industry and to request your assistance in resolving this matter.

Nature of Complaint:

(additional space available on attached pages)

I declare under penalty of perjury that the above statement and attachment consisting of ___ total pages is true and correct to the best of my knowledge. I understand that a copy of this complaint may be sent to the person or business against whom I am filing this complaint.

Signature

Date

