

**STATE OF NEVADA**  
**DEPARTMENT OF BUSINESS AND INDUSTRY**  
**FINANCIAL INSTITUTIONS DIVISION**

3300 W Sahara Avenue Suite 250, Las Vegas, NV 89102  
(702) 486 – 4120 \* Toll free (866) 858 – 8951 \* Fax (702) 486 – 4563  
E-mail: [FIDMaster@fid.state.nv.us](mailto:FIDMaster@fid.state.nv.us)      [www.fid.nv.gov](http://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:

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(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**

