



Department of Business and Industry

Nevada Division of Insurance

CONSUMER COMPLAINT FORM

Mail to: 1818 E. College Pkwy #103
Carson City, NV 89706
775-687-0700 Phone
775-687-0797 Fax

Mail to: 2501 E. Sahara Ave #302
Las Vegas, NV 89104
702-486-4009 Phone
702-486-4007 Fax

Initial this box if you want the Division of Insurance to treat records of your Consumer Complaint as confidential.

Are you represented by an attorney? Yes ___ No ___
If yes, please be advised the Division may not be able to intercede on your behalf.

Your contact information

Name: _____
Address: _____ Apt. #: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Work phone: _____
Cell Phone: _____ Email: _____

Policyholder information *(if complaint is against other party's insurance)*

Name of policyholder: _____

Insurance information

Insurance company the complaint is against:

Type of policy: Group Individual Unknown

Policy No: _____ Claim No: _____

If auto related, License Plate No: _____

Date of Loss/Accident/Incident: _____

Type of insurance:

- Auto Home/Condo/Renters Health Life Dental
- Long Term Care Medical Supplemental Ext. Warranty/Service Contract
- Other: _____

Agent/Agency Name: _____

