

STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY

**NEVADA TRANSPORTATION AUTHORITY**

**COMPLAINT FORM INSTRUCTIONS**

**Type or print clearly in ink.**

**Complete Section 1.**

**Complete Section 2, 3 and/or 4 if they pertain to your complaint.**

**Complete Section 5.**

**Sign and date the form.**

**Attach receipts and other documents relating to your complaint.**

**Mail or deliver the signed original form and attachments to either of our  
office locations.**

Upon receipt, your complaint will be reviewed by a member of our staff. It may be two weeks or more before you receive an acknowledgement of receipt from our office.

**THE NEVADA TRANSPORTATION AUTHORITY CANNOT PROCESS UNSIGNED,  
INCOMPLETE OR ILLEGIBLE COMPLAINT FORMS.**

**NEVADA TRANSPORTATION AUTHORITY  
COMPLAINT FORM**

**SECTION 1**

***COMPLAINANT INFORMATION***

NAME (LAST, FIRST, MI): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

ALTERNATE PHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

OFFICIAL USE ONLY ---- DO NOT WRITE IN THIS BOX

Processing Date: _____	I#: _____
Assignment: _____	Status: _____
Company: _____	CPCN #: _____
Notes:	

## **SECTION 2**

### ***TOW COMPLAINTS***

COMPANY NAME: \_\_\_\_\_

COMPANY ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

COMPANY'S PHONE: \_

COMPANY WEBSITE (if available): \_\_\_\_\_

PERSON(S) CONTACTED AT ABOVE COMPANY: \_\_\_\_\_

\_\_\_\_\_

#### ***VEHICLE DESCRIPTION***

REGISTERED OWNER: \_\_\_\_\_

YEAR, MAKE & MODEL: \_\_\_\_\_

LICENSE PLATE #, STATE REGISTERED & VIN: \_\_\_\_\_

\_\_\_\_\_

DATE, TIME & LOCATION OF OCCURRENCE: \_\_\_\_\_

\_\_\_\_\_

NAME OF TOW TRUCK DRIVER: \_\_\_\_\_

PAYMENTS MADE TO THE COMPANY: \_\_\_\_\_

INVOICE/RECEIPT NUMBER: \_\_\_\_\_

### **SECTION 3**

#### ***HOUSEHOLD GOODS MOVER COMPLAINTS***

COMPANY NAME: \_\_\_\_\_

COMPANY ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

COMPANY'S PHONE: \_

COMPANY WEBSITE (if available): \_\_\_\_\_

PERSON(S) CONTACTED AT ABOVE COMPANY: \_\_\_\_\_

\_\_\_\_\_

DATE, TIME & LOCATION OF OCCURRENCE: \_\_\_\_\_

\_\_\_\_\_

MOVE START ADDRESS: \_\_\_\_\_

\_\_\_\_\_

MOVE ENDING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

NAME OF TRUCK DRIVER: \_\_\_\_\_

PAYMENTS MADE TO THE COMPANY: \_\_\_\_\_

INVOICE/RECEIPT NUMBER: \_\_\_\_\_

## **SECTION 4**

### ***PASSENGER TRANSPORTATION COMPLAINTS***

COMPANY NAME: \_\_\_\_\_

COMPANY ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

COMPANY WEBSITE (if available): \_\_\_\_\_

PERSON(S) CONTACTED AT ABOVE COMPANY: \_\_\_\_\_

\_\_\_\_\_

DATE, TIME & LOCATION OF OCCURRENCE: \_\_\_\_\_

\_\_\_\_\_

TRIP START ADDRESS: \_\_\_\_\_

\_\_\_\_\_

TRIP ENDING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

NAME OF DRIVER: \_\_\_\_\_

PAYMENTS MADE TO THE COMPANY: \_\_\_\_\_

INVOICE/RECEIPT NUMBER: \_\_\_\_\_



STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
NEVADA TRANSPORTATION AUTHORITY  
PHONE 702-486-3303  
www.nta.nv.gov

MAIL OR HAND DELIVER COMPLETED COMPLAINT FORM TO:

NEVADA TRANSPORTATION AUTHORITY  
3300 W SAHARA AVE,  
SUITE 200  
LAS VEGAS, NV 89102

OR

NEVADA TRANSPORTATION AUTHORITY  
1755 E PLUMB LANE  
SUITE 229  
RENO, NV 89502

**THE NEVADA TRANSPORTATION AUTHORITY WILL NOT PROCESS ANY UNSIGNED, INCOMPLETE OR ILLEGIBLE COMPLAINT FORMS**

I understand that the NTA represents the public by ensuring that businesses licensed by their authority are in compliance with the laws related to NRS 706, 706A, & 712 and NAC 706 & 706A. I understand that the information contained in this complaint may be used to establish violations of Nevada law for enforcement actions. I also understand that the NTA will send my complaint and supporting documents to the 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.**

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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