



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:** 3300 W. Sahara Ave., Suite 275  
Las Vegas, NV 89102  
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.

File your complaint online at: [DOI.NV.GOV](http://DOI.NV.GOV)

### 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: \_\_\_\_\_

