

# Private Investigator's Licensing Board

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# COMPLAINT FORM

The information you report on this form may be used to help us investigate violations of state laws. Once completed mail, email or fax your form and supporting documents to the office listed above. Upon receipt, your complaint will be reviewed by a member of our staff. The length of this process may vary depending on the circumstances and information you provide with your complaint. The Private Investigator's Licensing Board may contact you if additional information is needed. Please note: The Private Investigator's Licensing Board cannot provide you with legal advice or represent you in personal legal actions.

In order to evaluate and process your complaint, please be as detailed as possible and provide copies of supporting documentation.

### **INSTRUCTIONS:** Please Type/Print your complaint in dark ink. You must write legibly.

SECTION 1. (REQUIRED)						
COMPLAINTANT INFORMATION:	Salutation:	Mr.	Mrs.	Ms.		
Your Full Name:						
Your Organization, if any:						
Your Address:		City:	State:		Zip:	
Your Phone Number: Home:		Cell:	Work	:		
Email:		Call me between 8ar	n-5pm at:	Home	Cell	Work
Are you 60 years old or older:	Yes	No				
SECTION 2.						
COMPLAINT AGAINST: Licens	see Work	Card Holder	Staff	Other		

SECTION 3.				
BUSINESS OR INDIVIDUAL COMPLAINT IS AGAINST INFORMATION:				
Business/Individual Name:				
Business/Individual Contact Name:		Job Title:		
Business/Individual Address:		Suite/Apt:		
	City:	State:	Zip:	
Business/Individual Phone:	Work:	Cell:		
Business/Individual Email:		Website:		

### **SECTION 4**.

#### NATURE OF COMPLAINT:

Please detail the nature of your complaint against the individual, business or staff listed in Section 3. Include the who, what, where, when and why of your complaint, full explanation of the transaction involved and a chronology of events. Please include nicknames, or aliases, identifying information of the individual if the full name isn't known such as age, weight, hair and eye color or description of uniform. **You may use additional sheets if necessary.** 

## **SECTION 5**.

### **PAYMENTS:**

Did you make any payments to this Business/Individual?		Yes	No - skip to Section 6	
How much did the business/individual ask you to pay?				
How much did you actually	pay?\$		Date(s) of payment:	
Payment Method:	Cash	Check	Credit/Debit Card	Wire Transfer
	Money Order		Cashier's Check	Other:
Was a contract signed:	Yes	No	If Yes, date contract signed:	
Identify your attempts to resolve the issue(s) with the business/individual:				

### **SECTION 6**.

OTHER AGENCIES:				
Have you contacted another agency for assistance:	Yes	No	If so, What Agency?	
Was a formal report filed with this agency:	Yes	No		
What was the outcome established by this other agency?				

#### **SECTION 8**.

#### **EVIDENCE:**

List and attach photocopies of any relevant documents, agreements, correspondence or receipts that support your complaint. **NO ORIGINALS.** Copy both sides of any canceled checks that pertain to this complaint

#### **SECTION 9**.

#### WITNESSES:

List any other known witnesses or victims. Please provide names, addresses, phone number, email address and/or websites.

#### **SECTION 10**.

#### SIGN AND SEND:

# Sign and date this form. The Private Investigator's Licensing Board cannot process any unsigned, incomplete or illegible complaints.

I understand that the Private Investigator's Licensing Board is **not my private attorney**, but rather represents the public by enforcing laws that protect the public safety and general welfare of the people of this State. I understand that the Private Investigator's Licensing Board cannot provide legal advice or cannot represent me in personal legal actions. I understand that the information contained in the complaint may be used to establish violations of Nevada laws in both private and public enforcements actions. In order to resolve my complaint, the Private Investigator's Licensing Board may be required to provide a copy of this complaint and supporting documents to the individual or business identified. I also understand that the Private Investigator's licensing Board may need to refer my complaint to a more appropriate agency.

I certify under penalty of perjury that the information provided on this form is true and correct to the best of my knowledge.

Signature

Print Full Name

Date (mm/dd/yyyy)