



Private Investigators Licensing Board

400 W. King Street, Suite 101
Carson City, NV 89703
Telephone: (775) 684-3125
Fax: (775) 687-3226
<http://pilb.nv.gov>

3110 S. Durango Dr., Suite 203
Las Vegas, NV 89117
Telephone: (702) 486-3003
Fax: (702) 486-3009
Email: pilbinfo@pilb.nv.gov

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 Investigators Licensing Board may contact you if additional information is needed. Please note: The Private Investigators 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)

COMPLAINANT INFORMATION: Salutation: Mr. Mrs. Ms.

Your Full Name: _____

Your Organization, if any: _____

Your Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Your Phone Number: Home: _____ Cell: _____ Work: _____

Email: _____

Are you 60 years or older? Yes No

SECTION 2.

COMPLAINT AGAINST:

Licensee 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 yes, What Agency? _____

Was a formal report filed with this agency: Yes No

What was the outcome established by this other agency?

SECTION 7.

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 8.

WITNESSES:

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

SECTION 9.

SIGN AND SEND:

Sign and date this form. The Private Investigators Licensing Board cannot process any unsigned, incomplete, or illegible complaints.

*I understand that the Private Investigators 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 Investigators 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 Investigators 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 Investigators 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.

Print Full Name: _____

Signature: _____ Date: _____