

STATE OF NEVADA
DEPARTMENT OF BUSINESS AND INDUSTRY
DIVISION OF MORTGAGE LENDING

COMPLAINT FORM

Mail To:
Division of Mortgage Lending
Attn: Consumer Complaints
3300 West Sahara Avenue, Suite 285
Las Vegas, NV 89102

Received Date:

Per NRS 645B.600 Anonymous complaints will not be pursued by the Division

INSTRUCTIONS: PRINT OUT THE FORM AND TYPE OR PRINT LEGIBLY WITH AS MUCH INFORMATION AS IS KNOWN TO YOU.

INFORMATION ABOUT YOU

NAME (ENTER YOUR FULL NAME):

RESIDENCE ADDRESS (STREET ADDRESS, CITY, STATE AND ZIP CODE):

HOME TELEPHONE:

WORK TELEPHONE:

EMAIL ADDRESS:

INFORMATION ABOUT PERSON/COMPANY YOU ARE COMPLAINING AGAINST

1. FULL NAME OF BUSINESS, COMPANY, FIRM:

TELEPHONE NUMBER:

BUSINESS ADDRESS:

PERSON INVOLVED IN TRANSACTION, INCLUDE BUSINESS CARD IF AVAILABLE:

2. HAVE YOU CONTACTED THE COMPANY/PERSON REGARDING THE COMPLAINT?

NO YES IF, YES, PROVIDE THE FOLLOWING INFORMATION:

DATE (S) OF CONTACT:

PERSON (S) CONTACTED:

RESULTS OF CONTACT:

3. HAVE YOU FILED THIS COMPLAINT WITH ANOTHER LAW ENFORCEMENT OR CONSUMER PROTECTION AGENCY?

NO YES IF YES, COMPLETE THE FOLLOWING:

NAME OF AGENCY/CONTACT:

ADDRESS OF AGENCY:

RESULTS OF THAT COMPLAINT

4. ARE YOU WILLING TO APPEAR AS A WITNESS, BE SWORN, TESTIFY AND CROSS-EXAMINED CONCERNING THE ALLEGATIONS MADE IN THIS COMPLAINT?

NO

YES

IF NO, LIST REASONS BELOW:

5. NATURE OF COMPLAINT: (click below and begin typing)

Describe the facts of your complaint including the following: Date of the transaction or chronology of transactions, the action(s) resulting in the complaint, a description of how you have tried to resolve the issue with the company, the names of persons you have spoken to and a summary of the conversation(s) you have had about your complaint. **Copies of supporting documentation must be included with complaint form, if no documentation is provided the complaint will not be pursued.** If you need more space please attach additional pages.

Please sign and date this form. The Division of Mortgage Lending will not process any unsigned, incomplete or illegible complaints.

Pursuant to NRS 645A.082(1), NRS 645B.092(1), NRS 645E.375(1) and Section 78(1) of permanent regulation R052-09, this complaint form, all documents and other information which you submit to this office with the complaint form, and all documents and other information compiled as a result of an investigation conducted by this office to determine whether to initiate disciplinary action are confidential. **HOWEVER, IN THE COURSE OF OUR INVESTIGATION, THE COMPLAINT AND ANY OTHER INFORMATION YOU SUBMIT WITH IT MAY BE DISCLOSED IN WHOLE OR IN PART TO THE PERSON YOU ARE FILING THE COMPLAINT AGAINST OR TO ANY OTHER GOVERNMENTAL AGENCY, INCLUDING WITHOUT LIMITATION, A LAW ENFORCEMENT AGENCY, IF WE DEEM SUCH DISCLOSURE NECESSARY OR PROPER.**

This office is prohibited by law from providing legal advice to private parties and cannot act as your private attorney. To preserve any legal right you have, you may also wish to contact a private attorney. This office cannot order restitution or negate a signed contract.

I hereby affirm under penalty of perjury that I am 18 years of age or older, that I have personal knowledge of this matter stated therein, and that the assertions contained in this complaint are true.

Signature:

Print Name:

Date:
