# 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

## 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: __________________________________________

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Define your problem

Please check all that apply:

☐ Claim denial
☐ Premium increase
☐ Cancellation/non-renewal
☐ Other: ______________________

☐ Unsatisfactory claim settlement
☐ Claim delay
☐ Misrepresentation

☐ Billing problem
☐ Refusal to insure
☐ DMV Lapse

Give a brief explanation of the problem:  

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Desired resolution:  

________________________________________________________________________

________________________________________________________________________

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________________________________________________________________________

Release for Information:

- I certify that the information furnished by me in support of this Consumer Complaint is to the best of my knowledge true and correct.
- If this Consumer Complaint involves medical records or credit information, I hereby authorize my insurer on any other entity with medical information or credit information to provide the information to the Nevada Division of Insurance. Any medical or financial information released to the Division will be kept confidential.
- I have read and understand this release. I further represent that I am the person filing the Consumer Complaint and that it is my signature below.

Signature: ___________________________ Date: ___________________________