



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

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: _____

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: _____

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 or 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:** _____