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: ___________________________________________________________

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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: ______________________

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