

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:	2501 E. Sahara Ave #302 Las Vegas, NV 89104 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.								
Name:								
Address:		Zip:						
Home Phone:		·						
Cell Phone: Email:								
Policyholder information (if complaint is against Name of policyholder:		*						
Insurance information								
Insurance company the complaint is against:								
Type of policy: ☐ Group ☐ Individual Policy No: ☐	□ Unknown Cla	nim No:						
If auto related, License Plate No:								
Date of Loss/Accident/Incident:								
Type of insurance: Auto Home/Condo/F Long Term Care Med	Renters □ Health	Ext. Warranty/Service Contract						
Agent/Agency Name:								

Define your problem

Plea	se check all that apply:							
	Claim denial Premium increase Cancellation/non-renewal		Unsatisfactory claim settlement Claim Delay Misrepresentation		Billing problem Refusal to insure Other:			
Give	Give a brief explanation of the problem:							
Desi	red resolution:							
DCGI								
Relea	ase for Information:							
• i t •	If this Consumer Complaint involves me information or credit information to provi to the Division will be kept confidential.	dical r de the	n support of this Consumer Complaint is to the ecords or credit information, I hereby authorize information to the Nevada Division of Insurather represent that I am the person filing the Constant	ze my ir nce. Ar	surer on any other entity with medical ny medical or financial information released			
Sian	ature:		Dat	e:				
~.9"	w.w. v.		Dat	~·				