



STATE OF NEVADA
OFFICE OF THE ATTORNEY GENERAL
PUBLIC INTEGRITY UNIT
100 North Carson Street, Carson City, NV 89701
Telephone: (775) 684-1100 / Fax: (775) 684-1280

NEVADA PUBLIC INTEGRITY UNIT NORTHERN NEVADA COMPLAINT FORM

Thank you for completing this Complaint Form. Upon receipt of your complaint, a staff member will review your complaint. This process can be lengthy. Depending on the circumstances and the information you are able to provide with your complaint, it may take from two to twelve weeks for you to get a response

INSTRUCTIONS: Please type or print your complaint in ink and complete the form fully.

SECTION 1: COMPLAINANT'S INFORMATION

Your Name: _____
(First) (Middle) (Last)

Your Address: _____
(Street / PO Box) (City) (State) (ZIP Code)

Home Telephone: _____ Cellular Telephone: _____

Work Telephone: _____

E-Mail Address: _____

SECTION 2: PUBLIC OFFICIAL'S INFORMATION (To Whom Your Complaint Is Against)

Official's Name: _____ Title: _____

Official's Government Agency or Body: _____

Official's Work Address: _____
(Street / PO Box) (City) (State) (ZIP Code)

Official's Telephone: _____

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SECTION 3: Please detail the nature of your complaint against the above named public official. Include the “who, what, when, why, and where” of your complaint. BE SPECIFIC! You may use additional sheets if necessary.

My complaint is: _____

SECTION 4: List and attach photocopies (no originals) of any relevant documents that support your complaint. Copy both sides of any documents that pertain to this complaint.

- A: _____
- B. _____
- C. _____
- D. _____

SECTION 5: Sign and date this form. Nevada’s Public Integrity Unit cannot process any unsigned, incomplete, or illegible complaints.

I understand that the Attorney General is **not my private attorney**, but rather represents the public by enforcing laws prohibiting certain types of misconduct by public officials. I am filing this complaint to notify Nevada’s Public Integrity Unit of a public official’s possible misconduct. I understand that the information contained in this complaint may be used to establish violations of Nevada’s Public Integrity laws. I understand that this complaint to Nevada’s Public Integrity Unit is subject to disclosure under Nevada’s Public Records Law.

I certify under penalty of perjury that the information provided on this form is true and correct to the best of my knowledge.

(Signature)

(Printed Name)

(Date)

(Signature)

(Printed Name)

(Date)

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