

DEPARTMENT OF BUSINESS & INDUSTRY
DIVISION OF INDUSTRIAL RELATIONS/WORKERS' COMPENSATION SECTION
400 West King Street, Suite 400 Carson City, Nevada 89703
Telephone: (775) 684-7270 Fax: (775) 687-6305

COMPLAINT FORM

Last Name	First Name	Social Security No.		
Home Address	City	State	Zip Code	Home Phone No.
Employer	Work Phone No.	Date of Injury	Claim No.	
Insurer/Third Party Administrator	Address	Phone Number		

WHAT DO YOU WISH TO ACCOMPLISH WITH THIS COMPLAINT?

CIRCUMSTANCES LEADING YOU TO FILE THIS COMPLAINT:

Note: If additional space is required, please attach additional sheets, along with any available documentation.

- I have contacted the Nevada Attorney for Injured Workers
- I have contacted the Office of Consumer Health Assistance

COMPLAINANT'S SIGNATURE

DATE