

DEPARTMENT OF BUSINESS & INDUSTRY  
DIVISION OF INDUSTRIAL RELATIONS/WORKERS' COMPENSATION SECTION  
3360 West Sahara Ave., Suite 250, Las Vegas, NV 89102  
Telephone: (702) 486-9000 or (702) 486-9080  
Fax: (702) 486-8712

**COMPLAINT FORM**

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

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