

DEPARTMENT OF BUSINESS & INDUSTRY  
DIVISION OF INDUSTRIAL RELATIONS / WORKERS' COMPENSATION SECTION  
3360 West Sahara Ave., Suite 250, Las Vegas, NV 89102  
Telephone: (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

Complaint form LV (Rev. 2/2022)

**\*IF YOU ARE REQUESTING A BENEFIT PENALTY, YOU MUST CITE THE SPECIFIC SECTION(S) AND SUBSECTION(S) OF NRS 616D.120(1) AND ANY OTHER STATUTE OR REGULATION YOU ALLEGE WERE VIOLATED. FAILURE TO PROVIDE THIS INFORMATION MAY RESULT IN REJECTION OF YOUR COMPLAINT AND REQUIRE RESUBMISSION.**