



Complaint Form

Instructions: (read General Information sheet **before** submitting complaint)

- 1) Complete and print this form
- 2) Attach/Include necessary information (see section 4)
- 3) Once signed and completed, this form should be uploaded on the Forged Or Fraudulent Filing Complaints page on nvsos.gov.
- 4) If needed, you may submit via email, mail or fax:

Secretary of State
Commercial Recordings Division
Attn: Compliance Division
401 N. Carson Street
Carson City, NV 89701-4201

Phone: 775-684-5708
Email: blcompliance@sos.nv.gov
Fax: 775-684-7141

The Division may begin an investigation upon receipt of this form. All information provided is deemed confidential and will not be available for public inspection except otherwise required by law.

SECTION 1: Complainant Information (required)

Title: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss

Last Name First Name Middle Name

Street City State Zip

Preferred method of contact: ☐ Email ☐ Call ☐ Text

Phone Number:

Email:

Affiliation with entity or position held:

- | | |
|---|---|
| <input type="checkbox"/> Officer | <input type="checkbox"/> Client/Competitor |
| <input type="checkbox"/> Director | <input type="checkbox"/> Partner/Spouse/Former Spouse |
| <input type="checkbox"/> Shareholder | <input type="checkbox"/> Manager/Member |
| <input type="checkbox"/> Employee/Business Partner | <input type="checkbox"/> None |
| <input type="checkbox"/> Other (please explain below) | |

SECTION 2: Type of Complaint

- ☐ No Business License ☐ UCC Fraud
☐ Registered Agent Mis-filing ☐ Fraudulent Filing Without Consent or Authority

SECTION 3: Information About Complaint Being Filed

Information pertaining to the business associated with this complaint:

Name of entity that the false or forged filing affected: (name as registered with this office)

Doing Business as Name (DBA), if known

Entity, Business License, or UCC File Number:

Name of a Contact Person:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Business Address

City

State

Zip

Contact phone:

Business Web Address, if known:

Document you believe is forged or fraudulent, pursuant to **NRS 225.084**:

Name of document:

Date filed:

Reason you believe document is forged or fraudulent:

General Information: Please provide names, if known, of all persons involved in the alleged violation(s):*

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Last Name

First Name

Middle Name

Firm Name/Doing Business As

Position/Title

Telephone

<input type="text"/>	<input type="text"/>
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Street

City

State

Zip

Contact Phone Number:

Email Address:

Business Web Address, if known:

Description of the allegation and why you believe this person or business may not be compliant:

Have you filed a complaint or report with any other regulatory entity or agency, or with an attorney?

☐ No ☐ Yes, details are provided below

SECTION 4: Attachments

Attach photocopies of any additional information that might be useful in investigating this complaint or alleged violation(s). Documentary evidence is especially important. Please do not send originals as we cannot be responsible for their safekeeping.

Are you willing to testify in a court of Law or administrative proceeding regarding this complaint?

☐

YES

☐

NO

DECLARATION:

In filing this complaint, I declare under penalty of perjury under the Laws of Nevada that the information provided in this complaint is true and correct to the best of my knowledge and that the information may be used by the Secretary of State and other entities to further investigate the complaint or alleged violation(s) of NRS 225.084.

Printed Name of Complainant

X

Signature of Complainant

Date

IF THIS COMPLAINT WAS PREPARED BY SOMEONE ON BEHALF OF THE COMPLAINANT, PLEASE INDICATE WHO PREPARED THIS REPORT

Last Name

First Name

Middle Name

Name of Organization

Contact Phone Number:

Street

City

State

Zip

Relationship to Complainant

X

Signature of Person Who Prepared Report

Date

Please make sure your response:

- is complete, printed and legible
- is signed by the Complainant
- includes all photocopied attachments