



Department of Business and Industry

# Nevada Division of Insurance

## CONSUMER COMPLAINT FORM

**Mail to:** 1818 E. College Pkwy #103  
Carson City, NV 89706  
775-687-0700 Phone  
775-687-0797 Fax

**Mail to:** 3300 W. Sahara Ave., Suite 275  
Las Vegas, NV 89102  
702-486-4009 Phone  
702-486-4007 Fax

**Initial this box if you want the Division of Insurance to treat records of your Consumer Complaint as confidential.**

Are you represented by an attorney? Yes \_\_\_ No \_\_\_  
If yes, please be advised the Division may not be able to intercede on your behalf.

File your complaint online at: [DOI.NV.GOV](http://DOI.NV.GOV)

### Your contact information

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Policyholder information *(if complaint is against other party's insurance)*

Name of policyholder: \_\_\_\_\_

### Insurance information

#### Insurance company the complaint is against:

\_\_\_\_\_

**Type of policy:**     Group     Individual     Unknown

Policy No: \_\_\_\_\_ Claim No: \_\_\_\_\_

*If auto related, License Plate No:* \_\_\_\_\_

**Date of Loss/Accident/Incident:** \_\_\_\_\_

#### Type of insurance:

- Auto     Home/Condo/Renters     Health     Life     Dental
- Long Term Care     Medical Supplemental     Ext. Warranty/Service Contract
- Other: \_\_\_\_\_

Agent/Agency Name: \_\_\_\_\_

**Define your problem****Please check all that apply:**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Claim denial             | <input type="checkbox"/> Unsatisfactory claim settlement | <input type="checkbox"/> Billing problem   |
| <input type="checkbox"/> Premium increase         | <input type="checkbox"/> Claim delay                     | <input type="checkbox"/> Refusal to insure |
| <input type="checkbox"/> Cancellation/non-renewal | <input type="checkbox"/> Misrepresentation               | <input type="checkbox"/> DMV Lapse         |
| <input type="checkbox"/> Other: _____             |  |  |

**Give a brief explanation of the problem:**


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**Desired resolution:**


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**Release for Information:**

- I certify that the information furnished by me in support of this Consumer Complaint is to the best of my knowledge true and correct.
- If this Consumer Complaint involves medical records or credit information, I hereby authorize my insurer on any other entity with medical information or credit information to provide the information to the Nevada Division of Insurance. Any medical or financial information released to the Division will be kept confidential.
- I have read and understand this release. I further represent that I am the person filing the Consumer Complaint and that it is my signature below.

**Signature:** \_\_\_\_\_**Date:** \_\_\_\_\_