OFFICE USE ONLY	STATE OF NEVADA Department of Business and Industry **OFFICE OF THE LABOR COMMISSIONER** 555 E. Washington Ave. #4100 Las Vegas, Nevada 89101 (702) 486-2650 675 Fairview Drive Suite 226 Carson City, Nevada 89701 (775) 687-4850 **EMPLOYMENT COMPLAINT** (DO NOT USE THIS FORM TO CLAIM UNPAID WAGES OR COMMISSIONS)	OFFICE USE ONLY

COMPLAINANT INFORMATION

Name _____
First MI Last

Address _____
Number Street Apt.#

_____
City State ZIP

Home phone (_____) _____

Other phone (_____) _____

Job title _____

Department _____

1. Does this employer currently employ you? Yes No

2. Did this employer previously employ you? Yes No

3. Do you agree to be present at any pre-hearing conferences or administrative or judicial hearings scheduled, if necessary, to present testimony and other evidence related to your complaint? Yes No

4. Do you have or are you aware of any documentary evidence that will substantiate your complaint? Yes No
If so, please provide copies. If you cannot provide copies, explain where the information is located.

5. Do you know of any witnesses that could provide additional information? Yes No
If so, please provide names and information that will enable us to contact your witnesses.

6. Are you now or have you been involved in any lawsuits or other legal proceedings with this employer? Yes No
If so, please explain on an attached sheet of paper.

7. Do you have the financial ability to hire an attorney to assist you with your complaint? Yes No

EMPLOYER INFORMATION

Business Name _____

Location _____
Number Street

_____
City State ZIP

Mailing Address _____
(if different) Number Street or PO Box

_____
City State ZIP

Business phone (_____) _____

Owner/Manager/Supervisor Name:

_____
First Last

Type of Business _____

Subject of Complaint _____

Is the activity upon which your complaint is based:

___ Company policy ___ Department policy

___ Problem with a particular manager/co-worker

STATEMENT OF COMPLAINT (Please provide a short description of the employment practice that is the reason for your complaint. Be complete as to what the policy is, how it is communicated to the employees, when the incident(s) took place or whether it is ongoing and so forth. Use additional pages if necessary.)

_____

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_____

I CERTIFY THAT THE INFORMATION CONTAINED IN THE FOREGOING COMPLAINT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. (SIGNATURE NOT NEEDED FOR ANONYMOUS OR FIELD COMPLAINTS)

Signed _____ Date _____

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COMPLAINT TAKEN BY: _____

___ VERIFIED COMPLAINT ___ANONYMOUS COMPLAINT ___TELEPHONE/FIELD COMPLAINT

INVESTIGATOR, IF ASSIGNED _____

ALLEGED VIOLATION(S): _____ STATUTE: NRS _____

_____ STATUTE: NRS _____

_____ STATUTE: NRS _____

_____ STATUTE: NRS _____

HAS THIS EMPLOYER BEEN CONTACTED CONCERNING THE SAME OR SIMILAR VIOLATIONS IN THE PAST? YES ___ NO ___ UNKNOWN ___

DISPOSITION _____