



# CUSTOMER COMPLAINT FORM

731 S. Fourth Street, Las Vegas, NV 89101-6918

Fax: 382-1240

**Note: Sufficient information must be provided in order for your complaint to be addressed.**

**Location of Complaint:**

**Corner or Intersection:**

Residential     Commercial     Other

**Date of Incident/Report:**

**Description of Complaint:**

Large text area for describing the complaint, overlaid with a large, faint watermark of the City of Las Vegas seal.

**Your Contact Information**

**Name:**

**Mailing Address:**

**Email Address:**

**Phone Number:**

**I hereby certify that the information provided on this form is true, correct, and complete to the best of my knowledge and belief;**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_