



STATE OF NEVADA  
OFFICE OF THE ATTORNEY GENERAL

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[www.ag.nv.gov](http://www.ag.nv.gov)

*For official use only:*

Received by: \_\_\_\_\_

Date Received: \_\_\_\_\_

Complaint  
Type: \_\_\_\_\_

Referred to:  BCP  GI  
 IFU  OML  MFU  
 MFCU  PIJ  WCFU  
*(Stamp here)*

## MEDICAID FRAUD COMPLAINT FORM

Complete this form to report possible Medicaid Fraud violations by any health care provider practicing in Nevada, or any instance of abuse, neglect, isolation or exploitation of a person 60 years of age or older residing in a board and care facility. The information you report on this form may be used to help us investigate violations of state laws. When completed, mail or fax your form and supporting documents to one of the office locations listed above (it is not necessary to submit this form to both locations). Upon receipt, your complaint will be reviewed by a member of our staff. The length of this process can vary depending on the circumstances and information you provide with your complaint. The Attorney General's Office may contact you if additional information is needed. If you have a claim against the State of Nevada, complete the Tort Claim Form found on our website.

**INSTRUCTIONS: Please TYPE/PRINT your complaint in dark ink. You must write LEGIBLY. All fields MUST be completed.**

### SECTION 1.

#### COMPLAINANT INFORMATION

Salutation:  Mr.  Mrs.  Ms.  Miss

Your Name: \_\_\_\_\_  
Last First MI

Your Address: \_\_\_\_\_  
Address City State Zip

Your Phone Number: \_\_\_\_\_  
Home Cell Work Fax

Email: \_\_\_\_\_ Call me between 8am-5pm at:  Home  Cell  Work

Age:  Under 18  18-29  30-39  40-49  50-59  60 or older

#### BUSINESS OR INDIVIDUAL COMPLAINT IS AGAINST

Business/Provider Name: \_\_\_\_\_

Individual/Contact: \_\_\_\_\_  
Last First Job Title (Example: CEO)

Individual/Business Address: \_\_\_\_\_  
Address City State Zip

Individual/Business Phone: \_\_\_\_\_  
Work Mobile Fax

Individual/Business Email: \_\_\_\_\_

Individual/Business Web Site: \_\_\_\_\_

**SECTION 2.**

Have you contacted another agency for assistance?  Yes  No If so, which agency? \_\_\_\_\_

Have you contacted an attorney?  Yes  No

If so, what is the attorney's name, address, and phone number?

_____	_____	_____	_____
Last	First	Phone	
_____	_____	_____	_____
Address	City	State	Zip

Is court action pending?  Yes  No Have you lost a lawsuit in this matter?  Yes  No

**SECTION 3.**

**Please detail the nature of your complaint against the individual, business, or provider listed in Section 1. Include the who, what, where, when, and why of your complaint.** You may use additional sheets if necessary.

My complaint is:

**SECTION 4.**

**List and attach photocopies of any relevant documents, agreements, correspondence, or receipts that support your complaint** (examples include: billing statements, correspondence, receipts, payment information, witnesses, and any other documents which explain or support the matters raised in the complaint). **No originals.**

## SECTION 5.

Sign and date this form. The Attorney General's Office cannot process any unsigned, incomplete, or illegible complaints.

I understand that the Attorney General is **not my private attorney**, but rather represents the public by enforcing laws prohibiting fraudulent, deceptive or unfair business practices. I understand that the Attorney General does **not** represent private citizens seeking refunds or other legal remedies. I also understand that the Attorney General may need to refer my complaint to a more appropriate agency.

I certify under penalty of perjury that the information provided on this form is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date (mm/dd/yyyy)

## SECTION 6. (Optional)

The following section is optional and is intended to help our office better serve Nevada consumers. Please check the categories that apply to you.

**Gender:**  Male  Female

**Have you previously filed a complaint with our office?:**  Yes  No

If yes, enter in the approximate filing date (mm/dd/yyyy) of your original complaint: \_\_\_\_\_

**I am (mark all that apply):**

- Income below federal poverty guideline
- Disaster victim
- Person with disability
- Medicaid recipient
- Military service member
- Veteran
- Immediate family of service member/veteran

**Ethnic Identification:**

- White/Caucasian
- Black/African American
- Hispanic/Latino
- Native American/Alaskan Native
- Asian/Pacific Islander
- Other: \_\_\_\_\_

**Primary Language:**

- English
- Spanish
- Other: \_\_\_\_\_

**May we provide your name and telephone number to the media in the event of an inquiry about this matter?**

Yes  No

**How did you hear about our complaint form (please choose only one):**

- Called/visited Las Vegas AG Office  Called/visited Carson City AG Office  Called/visited Reno AG Office
- Attended AG Presentation/Event  Another Nevada State Agency/Elected Official  Search Engine  AG Website
- AG Social Media Sites  Media: Newspaper/Radio/TV  Other \_\_\_\_\_