



# NEVADA DEPARTMENT OF BUSINESS AND INDUSTRY

## NEVADA TRANSPORTATION AUTHORITY COMPLAINT FORM

### INSTRUCTIONS:

- **Type or print clearly in ink.**
- **Complete all sections of the form that pertain to your complaint.**
- **Mail or deliver the signed original form to either of our office locations.**

Upon receipt, your complaint will be reviewed by a member of our staff. It may take two weeks or more for you to receive a response of receipt from our office.

**THE NEVADA TRANSPORTATION AUTHORITY CANNOT PROCESS UNSIGNED, INCOMPLETE OR ILLEGIBLE COMPLAINT FORMS.**



# NEVADA DEPARTMENT OF BUSINESS AND INDUSTRY

## NEVADA TRANSPORTATION AUTHORITY COMPLAINT FORM

### SECTION 1.

#### *COMPLAINANT INFORMATION*

NAME (LAST, FIRST, MI): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

ALTERNATE PHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

OFFICIAL USE ONLY ---- DO NOT WRITE IN THIS BOX

Processing Date: \_\_\_\_\_

I#: \_\_\_\_\_

Assignment: \_\_\_\_\_

Status: \_\_\_\_\_

Company: \_\_\_\_\_

CPCN #: \_\_\_\_\_

Notes:

**SECTION 2**  
**TOW COMPLAINTS**

COMPANY NAME: \_\_\_\_\_

COMPANY ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

COMPANY'S PHONE: \_\_\_\_\_

COMPANY WEBSITE (if available): \_\_\_\_\_

PERSON(S) CONTACTED AT ABOVE COMPANY: \_\_\_\_\_

\_\_\_\_\_

*VEHICLE DESCRIPTION*

REGISTERED OWNER: \_\_\_\_\_

YEAR, MAKE & MODEL: \_\_\_\_\_

LICENSE PLATE #, STATE REGISTERED & VIN: \_\_\_\_\_

\_\_\_\_\_

DATE, TIME & LOCATION OF OCCURRENCE: \_\_\_\_\_

\_\_\_\_\_

NAME OF TOW TRUCK DRIVER: \_\_\_\_\_

PAYMENTS MADE TO THE COMPANY: \_\_\_\_\_

INVOICE/RECEIPT NUMBER: \_\_\_\_\_

### **SECTION 3.**

#### **HOUSEHOLD GOODS MOVER COMPLAINTS**

COMPANY NAME: \_\_\_\_\_

COMPANY ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

COMPANY'S PHONE: \_\_\_\_\_

COMPANY WEBSITE (if available): \_\_\_\_\_

PERSON(S) CONTACTED AT ABOVE COMPANY: \_\_\_\_\_

\_\_\_\_\_

DATE, TIME & LOCATION OF OCCURRENCE: \_\_\_\_\_

\_\_\_\_\_

MOVE START ADDRESS: \_\_\_\_\_

\_\_\_\_\_

MOVE ENDING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

NAME OF TRUCK DRIVER: \_\_\_\_\_

PAYMENTS MADE TO THE COMPANY: \_\_\_\_\_

INVOICE/RECEIPT NUMBER: \_\_\_\_\_

**SECTION 4.**  
**PASSENGER TRANSPORTATION COMPLAINTS**

COMPANY NAME: \_\_\_\_\_

COMPANY ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

COMPANY'S PHONE: \_\_\_\_\_

COMPANY WEBSITE (if available): \_\_\_\_\_

PERSON(S) CONTACTED AT ABOVE COMPANY: \_\_\_\_\_

\_\_\_\_\_

DATE, TIME & LOCATION OF OCCURRENCE: \_\_\_\_\_

\_\_\_\_\_

TRIP START ADDRESS: \_\_\_\_\_

\_\_\_\_\_

TRIP ENDING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

NAME OF DRIVER: \_\_\_\_\_

PAYMENTS MADE TO THE COMPANY: \_\_\_\_\_

INVOICE/RECEIPT NUMBER: \_\_\_\_\_



STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
NEVADA TRANSPORTATION AUTHORITY  
PHONE 702-486-3303  
www.nta.nv.gov

MAIL OR HAND DELIVER COMPLETED COMPLAINT FORM TO:

NEVADA TRANSPORTATION AUTHORITY  
2290 S JONES BLVD,  
SUITE 110  
LAS VEGAS, NV 89146

OR

NEVADA TRANSPORTATION AUTHORITY  
1755 E PLUMB LANE  
SUITE 216  
RENO, NV 89502

**THE NEVADA TRANSPORTATION AUTHORITY WILL NOT PROCESS ANY UNSIGNED, INCOMPLETE OR ILLEGIBLE COMPLAINT FORMS**

I understand that the NTA represents the public by ensuring that businesses licensed by their authority are in compliance with the laws related to NRS 706 and NAC 706. I understand that the information contained in this complaint may be used to establish violations of Nevada law for enforcement actions. I also understand that the NTA will send my complaint and supporting documents to the business identified in this complaint.

**I hereby affirm under penalty of perjury that I am an adult, 18 years of age or older, that I have personal knowledge of this matter stated herein, and that the assertions contained in this complaint are true.**

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

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