



## COMPLAINT FORM – ADMINISTRATIVE COMPLAINTS

### 1. FULL NAME AND ADDRESS OF PERSON FILING COMPLAINT

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

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

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Do you represent a third-party organization? Yes  No

### 2. FULL NAME AND ADDRESS OF PERSON ALLEGED TO HAVE COMMITTED THE VIOLATION

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

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email address: \_\_\_\_\_

Other Information: \_\_\_\_\_

**3. VIOLATION:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Date of Violation:** \_\_\_\_\_

**Time of Violation:** \_\_\_\_\_

**Place(s) of Violation:** \_\_\_\_\_

**Name(s):** \_\_\_\_\_

**4. STATEMENT OF FACTS SUPPORTING VIOLATION:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5. STATUTES AND/OR REGULATIONS VIOLATED (Please list and attach as needed)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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**6. RELIEF REQUESTED**

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**7. EVIDENCE/DOCUMENTATION/INFORMATION SUPPORTING COMPLAINT**

Paychecks/Paystubs

Employment Agreement

Witness Statements

Emails/Text Messages

Photos/Video

Other: \_\_\_\_\_

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**8. CERTIFICATION & SIGNATURE**

I hereby certify that the facts alleged in the complaint are true to the best of my knowledge and belief.  
(Nevada Administrative Code (NAC) section 607.200)

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

**9. SERVICE**

Submit an original and 2 copies of the complaint to the Labor Commissioner with a certificate of service attached.

Serve a copy of the complaint upon the person alleged to have committed the violation and every other party identified in the complaint by:

- (1) Personal service; or
- (2) Regular mail.