



BRIAN SANDOVAL  
Governor

STATE OF NEVADA

PUBLIC UTILITIES COMMISSION

ALAINA BURTEISHAW  
Chairman

REBECCA WAGNER  
Commissioner

DAVID NOBLE  
Commissioner

CRYSTAL JACKSON  
Executive Director

WRITTEN CONSUMER COMPLAINT FORM

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

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ ext: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Account Number: \_\_\_\_\_

Company/Utility Name: \_\_\_\_\_

Type of Service (i.e. gas, electric): \_\_\_\_\_

Description of your Complaint (Please include copies of all supporting documents including bills, letters, photos or other material):

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

Desired Outcome (What do you want done?):

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

Signature

Date