



STEVE SISOLAK  
Governor

STATE OF NEVADA  
PUBLIC UTILITIES COMMISSION

HAYLEY WILLIAMSON  
Chair

C.J. MANTHE  
Commissioner

TAMMY CORDOVA  
Commissioner

STEPHANIE MULLEN  
Executive Director

**WRITTEN COMPLAINT**

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

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

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

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

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

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

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