



City of Henderson
Business Operations Division
Complaint Form

Complaint Submitted By*:

Name:		Primary Phone Number:
Address:		Best Time to Contact:
City:	State:	Zip Code:
Email:		

I acknowledge that written complaints are kept on file, reviewed and pursued. The City cannot become involved in civil matters; cannot recover money or force someone to do work. I further acknowledge that the business license codes require that proper legal procedures be followed when taking any action against a licensee.

Complainant Signature: _____ Date: _____

***NOTE: To submit this complaint anonymously, leave the above section blank, and complete the rest of the form. Any information submitted will be available in response to public records requests.**

Complaint Information:

Business Name:		Primary Phone Number:
Address:		Secondary Phone Number:
City:	Zip Code:	Email:
Hours of Operation:		Website:
Owner Name(s)/Contact Name(s):		
Vehicle Make, Model and Color:		
Additional Vehicle Descriptors: (i.e. ladder racks, tool lockers, vehicle wrapping):		

COMPLAINT FORM

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Other Agencies Contacted:

Agency	Person Contacted	Date Contacted	Contact Information

Please detail the nature of your complaint against the above-named business. Please report factual information only. Describe the events in the order they occurred, to include dates, times and locations. Attach photocopies of any relevant documents, agreements, correspondence, receipts or photos that support your complaint. Attach additional pages as necessary. **Please print clearly.**

If you have any further questions, please contact our office at 702-267-1724.

Completed form can be mailed to:
City of Henderson, Business Operations Division
240 Water Street
P.O. Box 95050 MSC 121
Henderson, NV 89009-5050

Office Use Only:

Walk In: Mail In: Email:

Complaint Received By: _____

Date: _____

Agent/Officer Assigned: _____