



# NEVADA STATE CONTRACTORS BOARD

5390 KIETZKE LANE, SUITE 102, RENO, NEVADA, 89511 | (775) 688-1141 | FAX: (775) 688-1271 | INVESTIGATIONS (775) 688-1150  
8400 WEST SUNSET ROAD, SUITE 150, LAS VEGAS, NEVADA 89113 | (702) 486-1100 | FAX: (702) 486-1190 | INVESTIGATIONS (702) 486-1110  
[www.nscb.nv.gov](http://www.nscb.nv.gov)

## **INSTRUCTIONS FOR THE CRIMINAL COMPLAINT FORM**

Enclosed is a Criminal Complaint form. ***Please make sure all fields are completed along with the Consent for Electronic (Email) Service.*** To expedite processing of your complaint, please provide us with a copy of your agreement or contract, all pertinent documents and copies of the front and back of any checks made payable to the individual or company. Please provide a detailed explanation of the incident on the attached statement form.

**If you are a licensed contractor or a supplier filing a complaint, only complete the bottom portion of the form including your name, address, phone number and any copies of invoices.**

Upon receipt of the Criminal Complaint form, an investigation will be completed to determine if the matter warrants presentation to the District Attorney. If a hearing is scheduled, you will be notified by the prosecuting attorney's office of the time and place of the hearing.

**Please send the completed forms to: Criminal Investigations, Attn.: Criminal Investigations Supervisor:**

**Northern Nevada Office:**  
5390 Kietzke Lane, Suite 102  
Reno, Nevada 89511  
Investigations: (775) 688-1141  
Fax: (775) 850-7854  
[investigations@nscb.state.nv.com](mailto:investigations@nscb.state.nv.com)

**Southern Nevada Office:**  
8400 West Sunset Road, Suite 150  
Las Vegas, Nevada 89113  
Investigations: (702) 486-1100  
Fax: (702) 486-1166  
[investigations@nscb.state.nv.us](mailto:investigations@nscb.state.nv.us)

You can also find us on the internet at: [www.nscb.nv.gov](http://www.nscb.nv.gov).



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## CRIMINAL COMPLAINT FORM

*(Please Print)*

<p>I, _____, hereby make the following voluntary statement. No threats or promises have been made to persuade me to make this statement and I understand any statement I make may be used as evidence by any Court of Law.</p>					
<p>ON OR ABOUT _____, I ENTERED INTO A <input type="checkbox"/> WRITTEN or <input type="checkbox"/> VERBAL CONTRACT/AGREEMENT WITH:          (Date)</p>					
INDIVIDUAL'S NAME:			COMPANY NAME:		
ADDRESS:					
CITY, STATE, ZIP CODE:					
PHONE NO.:			EMAIL ADDRESS:		
CONTRACT AMOUNT:		DID YOU PAY THE ABOVE PERSON OR COMPANY? <input type="checkbox"/> YES <input type="checkbox"/> NO		AMOUNT PAID:	
HOW PAID? <input type="checkbox"/> CHECK <input type="checkbox"/> CASH <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> PAYMENT APP. (e.g., Zelle, CashApp, ApplePay, etc.)					
DESCRIBE BRIEFLY THE TYPE OF WORK TO BE PERFORMED:					
ADDRESS WHERE THE WORK WAS PERFORMED:					
DID THE PERSON OR COMPANY YOU CONTRACTED WITH INDICATE TO YOU, EITHER VERBALLY OR IN WRITING, THAT THEY WERE A LICENSED CONTRACTOR? <input type="checkbox"/> YES <input type="checkbox"/> NO					
DID THE CONTRACTOR PROVIDE ANY FORM OF IDENTIFICATION? <input type="checkbox"/> DRIVER'S LICENSE <input type="checkbox"/> SOCIAL SECURITY CARD <input type="checkbox"/> BUSINESS CARD <input type="checkbox"/> OTHER:					
<b>YOUR BEST DESCRIPTION OF INDIVIDUAL:</b>					
AGE:		ETHNICITY:	<input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE <input type="checkbox"/> ASIAN <input type="checkbox"/> BLACK OR AFRICAN-AMERICAN <input type="checkbox"/> HISPANIC <input type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER <input type="checkbox"/> WHITE	SEX:	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
HEIGHT:					
WEIGHT:					
HAIR COLOR:					
EYE COLOR:					
WHY DID YOU CHOOSE THIS CONTRACTOR?					
<input type="checkbox"/> REGULAR CUSTOMER <input type="checkbox"/> DOOR-TO-DOOR SOLICITATION <input type="checkbox"/> REFERRAL <input type="checkbox"/> ADVERTISEMENT (attach copy of ad, if possible) <input type="checkbox"/> OTHER					



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**IT IS VERY IMPORTANT THIS FIELD IS COMPLETED!**

COMPLAINANT'S NAME:

ADDRESS:

CITY, STATE, ZIP CODE:

HOME PHONE NO.:

CELL PHONE NO.:

WORK PHONE NO.: (Extension)

**NEVADA REVISED STATUTES (NRS) 193.167 PERMITS ENHANCED PENALTY IF THE CRIME IS COMMITTED AGAINST A PERSON SIXTY (60) YEARS OF AGE OR OLDER.**

DOES YOUR CASE QUALIFY FOR THE ENHANCED PENALTY PROVISIONS OF THE NEVADA REVISED STATUTE?  YES  NO

**PLEASE READ**

**NRS 624.700: Engaging in business or submitting bid without license unlawful;**

1. It is unlawful for any person or combination of persons to:

- (a) Engage in the business or act in the capacity of a contractor within this State; or
- (b) Submit a bid on a job situated within this State, without having an active license therefor as provided in this chapter, unless that person or combination of persons is exempted from licensure pursuant to NRS 624.031...

A Criminal Complaint request to this agency must be received to allow sufficient time for processing by all agencies prior to the expiration of the Statute of Limitations (two (2) years from the time of the alleged violation).

**NRS 171.090: Limitations for Gross and Simple Misdemeanors**

Except as provided in NRS 171.095, an indictment for:

1. A gross misdemeanor must be found, or an information or complaint filed, within two (2) years after the commission of the offense.
2. Any other misdemeanor must be found, or an information or complaint filed, within two (2) years after its commission.

This agency generally requires a minimum of sixty (60) days for the investigation and preparation of a Criminal Complaint for submittal to the proper jurisdictional agency (City Attorney, District Attorney, etc.) for processing.

The intent of this request is to have the unlicensed person prosecuted for *Engaging in Business Without a License*, which is a misdemeanor in this State.

**I attest that I have read and understand the above.**

\_\_\_\_\_  
Signature (Required for Processing)

\_\_\_\_\_  
Date

**Please attach a detailed written statement regarding the circumstances of hire on next page.**



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## INVESTIGATORY STATEMENT OF FACT

If additional space is required, please use additional sheets.

DATE:	TIME:	CASE NO.: <i>(for NSCB use only)</i>
HOMEOWNER / WITNESS:		
ADDRESS:		
CITY, STATE, ZIP CODE:		
PHONE NO.:	COMPANY NAME: <i>(if applicable)</i>	

***This statement is true and correct to the best of my knowledge.***

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

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## CONSENT FOR ELECTRONIC (EMAIL) SERVICE

In order to help expedite business conducted with the NSCB, I agree to accept **ALL** documentation, including but not limited to: Meeting Notices; Document Requests; Notices of Contested Matters; Service of Administrative Citations; Service of Administrative Fines; Service of Notice of Disciplinary Hearings; Service of Summary Suspension; Service of Notice of Recovery Fund Claims; Service of Cease and Desist Orders; and any other correspondence, communications and/or documents via email in accord with NAC 624.7266(3).

Please return this form with your complaint to NSCB Investigations at [investigations@nscb.state.nv.us](mailto:investigations@nscb.state.nv.us). Your attention and cooperation to this matter is greatly appreciated.

**By signing this form, I hereby consent to email service as described herein.**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title (if applicable)

\_\_\_\_\_  
Company Name (if applicable)

\_\_\_\_\_  
Office Phone Number (if applicable)

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

\_\_\_\_\_  
Cell Phone Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date