



State of Nevada
CERTIFIED COURT REPORTERS BOARD

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SEVERIN CARLSON, ESQ., – Chairman

CHRISTINE ALAIMO – Vice Chairperson

LORI JUDD – Board Member

PEGGY ELIAS – Board Member

HEIDI KONSTEN – Board Member

COMPLAINT FORM

REV: 2/16

This complaint form may be submitted via U.S. mail, email or fax. Please be as specific as possible and include all supporting documentation with your complaint. Incomplete complaint forms or complaints filed without supporting documents are difficult to investigate and will slow the process considerably. The Board does not resolve civil disputes; recovery of monies is the role of the courts or other venues.

Date of Complaint:

COMPLAINANT (person filing the complaint)

NAME

MAILING ADDRESS

CITY

STATE

ZIPCODE

TELEPHONE

EMAIL

SUBJECT (court reporter or firm complaint is against)

NAME OF COURT REPORTER OR FIRM

COURT REPORTER OR FIRM #

ADDRESS

CITY

STATE

ZIPCODE

TELEPHONE

EMAIL

A violation of the Nevada Revised Statutes (NRS) Chapter 656 or Nevada Administrative Code (NAC) Chapter 656 must have taken place. The applicable chapters can be found on our website at www.crptr.nv.gov, click on "Statutes and Regulations". You are required to include the NRS or NAC number that you feel the court reporter or firm has violated.

Describe the events including (where applicable): case name, case number, full name of parties involved, significant dates, name of deponent, date transcript was ordered, due date of transcript and total number of transcripts due. Be specific and factual. Include all documented evidence that will support your complaint. If you need more space, please attach additional sheets to the complaint form.

NRS or NAC Code

The filing of this complaint does not prohibit you from filing a civil action. Please read the following statement and sign and date the form where indicated.

I hereby certify under penalty of perjury under the laws of the state of Nevada that to the best of my knowledge all of the above statements are correct. If called upon, I will assist in the investigation or in the prosecution of the subject of this complaint or other involved parties, and will, if necessary, swear to a complaint, attend hearings and testify to facts.

SIGNATURE

DATE

Subscribed and sworn to before me this _____ day of _____, _____.

NOTARY PUBLIC

Notary Public in and for the County of _____ (seal)

State of _____ Expires _____