



STATE OF NEVADA CERTIFIED COURT REPORTERS BOARD

5135 Camino Al Norte, Suite 270 North Las Vegas, Nevada 89031

Phone: (702) 489-8787

Website: www.crptr.nv.gov Email: NVCCRB@gmail.com

COMPLAINT FORM

REV: 3/22

This complaint form is to be used for the purpose of filing a complaint against a Nevada court reporter, court reporting firm, the designated representative of a court reporting firm, or any other person or entity under the jurisdiction of the State of Nevada Certified Court Reporters Board. You may submit your completed form and all supporting documents by USPS mail or email to:

State of Nevada Certified Court Reporters Board

5135 Camino Al Norte, Suite 270

North Las Vegas, Nevada 89031

Email: NVCCRB@gmail.com

Date: _____

COMPLAINANT (person filing the complaint)

NAME

MAILING ADDRESS

CITY

STATE

ZIPCODE

TELEPHONE

EMAIL

RESPONDENT (person or court reporting firm complaint is against)

NAME OF RESPONDENT

COURT REPORTER OR FIRM # *(if applicable)*

ADDRESS

CITY

STATE

ZIPCODE

TELEPHONE

EMAIL

DESCRIPTION OF COMPLAINT

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". If you know the specific statute or regulation you feel the respondent has violated, please include it in your documentation.

On a separate sheet, describe the events of the violation (as applicable): case name, case number, full name of parties involved, name of deponent, date transcript was ordered, due date of transcript, total number of transcripts due, date on which the act or omission is alleged to have occurred or unprofessional conduct. **You must include documented evidence that verifies the violation**, such as; reports, emails, invoices, or signed affidavits by the witness.

Please be specific and factual. An incomplete complaint form or a complaint filed without supporting documents will be returned and not processed.

THE BOARD DOES NOT RESOLVE CIVIL DISPUTES; RECOVERY OF MONIES IS THE ROLE OF THE COURTS OR OTHER VENUES.

INITIAL

I understand the filing of this complaint does not prohibit me from filing a civil action.

INITIAL

In my complaint, to my best ability, I included a provision of NRS Chapter 656 or NAC Chapter 656 of the alleged violation(s) and I included documented evidence of the violation(s).

INITIAL

I understand that any information I provided in the complaint may be subject to public disclosure after the completion of the investigation. Additionally, I may be called upon to submit additional written statements or evidence.

INITIAL

I understand that my personal attendance may be required and I may be called to serve as a witness at the hearing.

INITIAL

I understand that during the pendency of this matter, the Board is not permitted to disclose information or discuss a pending investigation or case with me or any other member of the public.

I do solemnly swear or affirm that the facts set forth in this complaint are true and correct.

Signature

Date