



## Clark County Department of Business License Franchise Complaint Form

*Note: The Department considers all complaint information confidential. However, in order to effectively complete our investigation and contact you regarding your complaint, please provide sufficient contact information.*

Date:		First Name:		Last Name:	
Address: <small>(include City, State, Zip Code)</small>					
Phone Number:		Alt. Phone Number:			
Email Address:					

### Complaint Information

Business/ Franchisee Name:				
Address Affected: <small>(include City, State, Zip Code)</small>				
Have you attempted to resolve the complaint directly with the franchisee or licensee? <small>(check one)</small>	Yes		No	

#### Complaint Regarding (please check all that apply):

Rates		Technical		Service Response		Other (describe):
Billing		Programming		Customer Service		
Solid Waste Only		Missed Pickup		Recycling		

#### Complaint Summary

*Include any information regarding your complaint, be sure to include all relevant facts, list each event in the order in which it occurred with dates (if available), and any actions that you have taken to resolve the issue.*

If providing back-up documentation, please indicate the number of attachments:	
<b>Printed Name</b>	<b>Signature</b>
	<b>Date Signed</b>