Office Of The Labor Commissioner Nevada State Apprenticeship Council 555 East Washington Avenue, Suite 4100 Las Vegas NV 89101



APPRENTICESHIP COMPLAINT (Not for Apprentice Appeals)

Complainant Information: (This form is NOT to be used by Apprentices	Appealing Con	Date
Mailing address		Phone
E-Mail:		Fax
City	State	Zip+4
Do you wish to remain anonymous? YES NO		
Complaint Section:		
Name (i.e. program, committee, training agent, etc)		
Address	Pł	none
City	State	Zip+4
Details of complaint and please be clear and specific to include dates, names, job sites of possible, in support of complaint such as affidavits, declarations, payroll, etc.)		(Provide Documentation, if ontinue on separate page)
Apprenticeship Standards, NRS 610, or NAC 610 rule(s) violated (if known)		
Complainant's Signature		Date

Following to be completed by the Apprenticeship Section only:

Tracking number	Assigned to for follow-up
assigned (if needed):	or investigation (if needed):