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STATE OF NEVADA

Office of the Labor Commissioner

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APPOINTMENT REQUEST FORM

An In Person Appoint	ment is being reque	ested in: Carson City: La	s Vegas:	
A Telephone 🗌 Virtu	ıal 🗌 Appointment	is being requested in: Carson	n City: 🗌 Las Vegas	: Either:
Your Information: Bu	ısiness 🗌 🛮 Ind	lividual 🗌		
Name				
Contact Person/Title:	First	MI.	Last	
Business Name:				
Address:				
Phone: E-Mail:	()	Fax: ()		
Reason for Appointme	ent Request:			
Yes No Have you review Yes No Is there a specifi "yes" Name of Staff M When submitti	ewed our website regarding Staff Member you lember:	o file a Claim or Complaint? arding the reason for your Appoint would like to meet with? ase attach any additional document formation you have provided is to Signature	ntation/evidence relatir	
Printed Name/ I	itle	Signature		Date
For Labor Commissione Appointment Request A	<u>-</u>	Appointment Reque	est Denied:	
Notes:				
Printed Name/Title:		Signature:		Date
Date Received:		Date Returned:		

Additional Information Relating to Appointment Request:				
		 		
Printed Name/Title	Signature	Date		