

STATE OF NEVADA
Office of the Labor Commissioner

APPOINTMENT REQUEST FORM

An In Person Appointment is being requested in: Carson City: Las Vegas: Either:

A Telephone Virtual Appointment is being requested in: Carson City: Las Vegas: Either:

Your Information: Business Individual

Name

First MI. Last

Contact Person/Title:

Business Name:

Address:

Phone:

(_____) _____ Fax: (_____) _____

E-Mail:

Reason for Appointment Request:

Yes No

Is the reason for the appointment to file a Claim or Complaint?

Yes No

Have you reviewed our website regarding the reason for your Appointment Request?

Yes No

Is there a specific Staff Member you would like to meet with?

If "yes" Name of Staff Member: _____

When submitting your request, please attach any additional documentation/evidence relating to the request.

***By signing this form, you certify that the information you have provided is true and correct to the best of your knowledge.*

Printed Name/Title

Signature

Date

For Labor Commissioner's Use Only:

Appointment Request Approved:

Appointment Request Denied:

Notes:

Printed Name/Title:

Signature:

Date

Date Received: _____

Date Returned: _____

