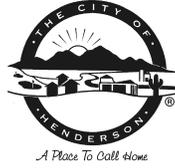


COMPLAINT/INQUIRY FORM



City of Henderson
Business Operations Division

Complaint **Inquiry**

Complainant Information:

| | | |
|----------|--------|-------------------------------|
| Name: | | Phone Number: |
| Address: | | Best Point of Contact (Time): |
| City: | State: | Zip Code: |

I am supplying the following information to the City of Henderson, Business Operations Division, to determine whether or not a violation of the City Business License Code has occurred and if further action is necessary. I understand that the City of Henderson, Business Operations Division cannot regulate how a person operates their business or the quality of their product or service. I also understand that the City of Henderson, Business Operations Division cannot act in any legal capacity in resolving a complaint nor can it promise refunds or other remedies in connection with this complaint. The information supplied in this form is voluntary and is given for the sole purpose of assisting the City of Henderson, Business Operations Division in the enforcement of its business license code.

Complainant Signature: _____ Date: _____

Please return completed form to:
City of Henderson
240 Water Street
P.O. Box 95050
Henderson, NV 89009-5050

Office Use Only:

Telephonic
Walk In
Fax
Mail In

Complaint Received By: _____ Date: _____

Agent/Officer Assigned: _____

COMPLAINT/INQUIRY FORM

City of Henderson
 Business Operations Division
 Complaint Form
 Page 2

Offender Information:

| | | |
|--------------------------------|--------|-------------------------------|
| Business Name: | | Phone Number: |
| Address: | | Best Point of Contact (Time): |
| City: | State: | Zip Code: |
| Cell Phone: | Pager: | Fax: |
| Owner Name(s)/Contact Name(s): | | |

Descriptive Information:

Male Female

Race: _____

Height: _____

Weight: _____

Hair Color: _____

Eye Color: _____

Facial Hair: _____

Noticeable scars, tattoos or unusual features: _____

Vehicle Information:

Make: _____

Model: _____

Color: _____

License Plate Number: _____

State: _____

Additional Descriptors (i.e. ladder racks, tool lockers): _____

Please list other agencies contacted, such as the County, State or Federal Government.

| Agency | Person Contacted | Date Contacted | Phone Number | Fax Number |
|--------|------------------|----------------|--------------|------------|
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