

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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