



STATE OF NEVADA  
 OFFICE OF THE ATTORNEY GENERAL  
 BUREAU OF CONSUMER PROTECTION  
 555 East Washington Avenue, Suite 3900 Las Vegas, Nevada 89101  
 Telephone (702) 486-3786 / 702-486-3132 hotline

# MORTGAGE FRAUD COMPLAINT FORM

**INSTRUCTIONS:** Please type or print your request in ink and complete the form fully.

**SECTION 1.**

**YOUR NAME**

Your First Name: \_\_\_\_\_

Your Last Name: \_\_\_\_\_

Your Address: \_\_\_\_\_

\_\_\_\_\_  
 (City) (State) (Zip)

Your Phone Number (#): \_\_\_\_\_

Your Mobile #: \_\_\_\_\_

Your Fax #: \_\_\_\_\_

Your Email: \_\_\_\_\_

Your Date of Birth: \_\_\_\_\_

**YOUR REQUEST IS AGAINST**

Individual/Business: \_\_\_\_\_

If Business, Contact Person: \_\_\_\_\_

Individual/Business Address: \_\_\_\_\_

\_\_\_\_\_  
 (City) (State) (Zip)

Individual/Business Phone #: \_\_\_\_\_

Individual/Business Mobile #: \_\_\_\_\_

Individual/Business Mobile #: \_\_\_\_\_

Individual/Business Mobile #: \_\_\_\_\_

Individual/Business Mobile #: \_\_\_\_\_

**SECTION 2.**

Please detail the nature of your request and include copies of all documents including all proof of deposits, bank information, wire transfers, copies of emails, any realtor, broker, property, escrow instructions, loan files, who they dealt with, when, how much in service fees paid / due, and full explanation of what the transaction involved and a chronology of what events. You may use additional sheets if necessary.

Date of payments: \_\_\_\_\_

Form of payments: \_\_\_\_\_

Total amount of payments: \_\_\_\_\_

My request is based upon:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

