# NEBRASKA DEPARTMENT OF JUSTICE
## Office of the Attorney General
### Constituent Complaint Form

**Complaint Reported By:**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Date of Birth:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td>State:</td>
<td>ZIP:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>County:</td>
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<tr>
<td>Email:</td>
<td>Phone:</td>
<td></td>
</tr>
</tbody>
</table>

**Complaint Reported Against:**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Organization:</th>
<th>Title:</th>
</tr>
</thead>
<tbody>
<tr>
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<td>ZIP:</td>
<td></td>
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</tr>
</tbody>
</table>

- Any action taken against you regarding this matter:  
  - ☐ Arrest  ☐ Conviction  ☐ Citation
- Any action taken against the subject in this matter:
  - ☐ Arrest  ☐ Conviction  ☐ Citation
- Have you filed reports with any other agency regarding this matter?  
  - ☐ Yes  ☐ No

If yes, agency name(s) and date(s) contacted:

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**Return Completed Form to:**

Nebraska Attorney General’s Office  
Attn: Director of Constituent Services  
2115 State Capitol  
Lincoln, Nebraska 68509-8920  
Email: ago.info.help@nebraska.gov  
Fax: (402) 471-3297  
Phone: (402) 471-2683
Describe the facts which have led to the filing of this complaint and include, if possible, exact dates and locations of pertinent events. Please attempt to put it in chronological order. This complaint will be photocopied. PLEASE PRINT or TYPE ALL INFORMATION. Use additional paper if needed:

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The information given above is true to the best of my knowledge and belief. I authorize the Nebraska Attorney General’s Office, or its designate, to use this information given in any manner which is determined necessary.

__________________________  _________________________
Signature                  Date