



NEBRASKA DEPARTMENT OF JUSTICE

Office of the Attorney General

Constituent Complaint Form

Complaint Reported By:			
Name:		Date of Birth: / /	
Address:			
City:	State:	ZIP:	County:
Email:		Phone:	

Complaint Reported Against:	
Name:	
Organization:	Title:
Address:	
City:	State:
ZIP:	County:

Any action taken against you regarding this matter:	<input type="checkbox"/> Arrest <input type="checkbox"/> Conviction <input type="checkbox"/> Citation
Any action taken against the subject in this matter:	<input type="checkbox"/> Arrest <input type="checkbox"/> Conviction <input type="checkbox"/> Citation
Have you filed reports with any other agency regarding this matter?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, agency name(s) and date(s) contacted:	

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

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