

State of Nevada Office of the Attorney General Consumer Complaint Form 2020

If you have a life-threatening emergency or are in immediate danger, please contact local law enforcement by dialing 911 on your telephone or cellular phone. The information you provide on this form may be used to help us investigate violations of state laws therefore it is important to complete all required fields. The length of this process can vary depending on the circumstances and information you provide. Please note: The Attorney General cannot provide you with legal advice or represent you in personal legal actions. If you cannot afford a private attorney, you may consider contacting your local legal aid office.

If you are not filing a complaint against a specific individual, business or agency use the link on the main Complaints page to send inquiries and/or express your concerns to this office.

No e-mail address? Call (775) 684-1128 or (702) 486-3420 for a CSU Representative

For Printable Consumer Complaint Form, follow this link to the main Complaints page. You may also contact us using the Inquiry link to send us an electronic request for a complaint form to be mailed to you by simply providing your name and complete mailing address.

1. Please Enter Your Email Address *

2. Verify Your Email Address - Please note a valid email address is needed in order to receive an email notification for receipt of your complaint and to attach supporting documents. *

execdiva@gmail.com

Demographics - Optional Information

3. To better serve our constituents, please select all that apply to you.

- ☐ Person with Disability
- ☐ Medicaid Recipient
- ☐ Income Below Poverty Level
- ☐ Veteran
- ☐ Current active service member or immediate family
- ☐ English is a Second Language
- ☐ Over the Age of 60

4. Have you previously filed a complaint regarding your concern with our office? *

- ☐ Yes
- ☒ No

Section 1: Your Contact Information

Enter your contact information in the required fields.

5. Prefix (select one): *

- ☐ Mr.
- ☒ Ms.
- ☐ Dr.
- ☐ Other

6. First Name *

Elizabeth

7. Middle Name

Kathleen

8. Last Name *

Hammack

9. Are You Submitting This Complaint Anonymously? *

- ☒ Yes
- ☐ No

10. Is This a Whistleblower Complaint? *

☐ Yes☒ No

11. Your Organization or Company Name if filing on behalf of your Organization or Company:

12. Address (or P.O. Box) *

13. City *

14. State *

☒ NV - Nevada☐ AL - Alabama☐ AK - Alaska☐ AR - Arkansas☐ AS - American Samoa☐ AZ - Arizona☐ CA - California

- ☐ CO - Colorado
- ☐ CT - Connecticut
- ☐ DE - Delaware
- ☐ FL - Florida
- ☐ GA - Georgia
- ☐ GU - Guam
- ☐ HI - Hawaii
- ☐ ID - Idaho
- ☐ IL - Illinois
- ☐ IN - Indiana
- ☐ IA - Iowa
- ☐ KS - Kansas
- ☐ KY - Kentucky
- ☐ LA - Louisiana
- ☐ ME - Maine
- ☐ MD - Maryland
- ☐ MA - Massachusetts
- ☐ MI - Michigan
- ☐ MN - Minnesota
- ☐ MS - Mississippi
- ☐ MO - Missouri
- ☐ MP - Northern Mariana Islands
- ☐ MT - Montana
- ☐ NE - Nebraska

- ☐ NH - New Hampshire
- ☐ NJ - New Jersey
- ☐ NM - New Mexico
- ☐ NY - New York
- ☐ NC - North Carolina
- ☐ ND - North Dakota
- ☐ OH - Ohio
- ☐ OK - Oklahoma
- ☐ OR - Oregon
- ☐ PA - Pennsylvania
- ☐ PR - Puerto Rico
- ☐ RI - Rhode Island
- ☐ SC - South Carolina
- ☐ SD - South Dakota
- ☐ TN - Tennessee
- ☐ TX - Texas
- ☐ UT - Utah
- ☐ VT - Vermont
- ☐ VA - Virginia
- ☐ VI - U.S. Virgin Islands
- ☐ WA - Washington
- ☐ WV - West Virginia
- ☐ WI - Wisconsin
- ☐ WY - Wyoming

☐ Outside the U.S.

15. Zip Code *

89052

16. Best Phone Number to Contact You: *

702-960-9347

17. Other Phone Number (Home, Mobile, Work, etc...)

Enter your answer

18. Preferred Language: *

- ☒ English
- ☐ Spanish
- ☐ Tagalog
- ☐ American Sign Language (ASL)
- ☐ Chinese (Cantonese or Mandarin)
- ☐ Korean
- ☐ Vietnamese
- ☐ Amharic
- ☐ Arabic

- ☐ Farsi
- ☐ French
- ☐ German
- ☐ Portuguese
- ☐ Japanese
- ☐ Other:

Section 2: Reason for Complaint

In this section choose the reason you are requesting an inquiry from the following.

19. Type of Complaint (choose one): *

- ☐ CONSUMER/FINANCIAL FRAUD
- ☐ HIGH TECH CRIMES
- ☐ HUMAN TRAFFICKING
- ☐ INSURANCE FRAUD
- ☐ MEDICAID FRAUD
- ☐ MISSING CHILDREN
- ☐ MORTGAGE FRAUD
- ☐ OPEN MEETING LAW
- ☐ OPIOID VIOLATION
- ☐ TICKET SALES / TICKET RESELLERS
- ☐ WORKERS COMPENSATION FRAUD
- ☒ PUBLIC INTEGRITY

☐ OTHER (Indicate Topic):

Section 3: Contact Information for Individual / Business / Agency of Potential Offender

Enter contact information for the individual, business, or agency your complaint is against.

Do not re-enter your contact information in this section. Select "Unknown" if you do not know the identity of the individual, business or agency. Provide as much information as possible. Please enter information for any and all of the these.

20. Who Is Your Complaint Against? *

- ☒ Individual
- ☐ Business
- ☐ Agency
- ☐ Unknown

21. Name of Individual, If Known.

Doctor Fermin Leguen - District Health Officer

22. Additional Contact for Individual / Business / Agency, If Applicable.

Enter your answer

23. Address of Individual / Business / Agency, If Known.

280 S Decatur Avenue

24. City of Individual / Business / Agency, If Known.

Las Vegas

25. State of Where Individual / Business / Agency is Located, If Known.

- ☒ NV - Nevada
- ☐ AL - Alabama
- ☐ AK - Alaska
- ☐ AZ - Arizona
- ☐ AR - Arkansas
- ☐ CA - California
- ☐ CO - Colorado
- ☐ CT - Connecticut
- ☐ DE - Delaware
- ☐ FL - Florida
- ☐ GA - Georgia
- ☐ HI - Hawaii
- ☐ ID - Idaho
- ☐ IL - Illinois
- ☐ IN - Indiana
- ☐ IA - Iowa

- ☐ KS - Kansas
- ☐ KY - Kentucky
- ☐ LA - Louisiana
- ☐ ME - Maine
- ☐ MD - Maryland
- ☐ MA - Massachusetts
- ☐ MI - Michigan
- ☐ MN - Minnesota
- ☐ MS - Mississippi
- ☐ MO - Missouri
- ☐ MT - Montana
- ☐ NE - Nebraska
- ☐ NH - New Hampshire
- ☐ NJ - New Jersey
- ☐ NM - New Mexico
- ☐ NY - New York
- ☐ NC - North Carolina
- ☐ ND - North Dakota
- ☐ OH - Ohio
- ☐ OK - Oklahoma
- ☐ OR - Oregon
- ☐ PA - Pennsylvania
- ☐ RI - Rhode Island
- ☐ SC - South Carolina

- ☐ SD - South Dakota
- ☐ TN - Tennessee
- ☐ TX - Texas
- ☐ UT - Utah
- ☐ VT - Vermont
- ☐ VA - Virginia
- ☐ WA - Washington
- ☐ WV - West Virginia
- ☐ WI - Wisconsin
- ☐ WY - Wyoming
- ☐ Outside the U.S. / OTHER

26. Zip Code of Individual / Business / Agency, If Known.

89107

27. Phone Numbers of Individual / Business / Agency, If Known.

702-759-1000

28. Email Addresses of Individual / Business / Agency, If Known.

Enter your answer

29. Website Addresses of Individual / Business / Agency, If Known.

<https://www.southernnevadahealthdistrict.org/about-us/board-of-health/district-health-officer/>

30. Social Media Accounts of Individual / Business / Agency, If Known. (Facebook, Twitter, WhatsApp, Instagram, etc.)

<https://www.linkedin.com/in/fermin-leguen-70762395/>

31. Date Alleged Violation Occurred (on or about): *

12/3/2021



32. Was a Contract Signed? If You Select Yes, Please Include a Copy of the Contract. *

☐ Yes

☒ No

33. Have You Contacted Another Agency for Assistance? *

☐ Yes

☒ No

34. Have You Consulted With or Hired an Attorney? *

☐ Yes

☒ No

35. Is a Court Action Pending? *

☐ Yes

☒ No

36. Did You Make Any Payments to the Individual or Business? *

☐ Yes

☒ No

37. Even If You Did Not Make Payments, How Much Were You Asked to Pay? *

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Section 4: Describe Alleged Incident

Description of complaint is limited to the space provided below. Please be as accurate and concise as possible. The Attorney General's office may contact you if additional information is needed.

38. Describe the Activities, Events, Concerns, or Issues That Led You to File a Complaint: *

NRS 239.320 Injury to, concealment or falsification of records or papers by public officer. An officer who mutilates, destroys, conceals, erases, obliterates or falsifies any record or paper appertaining to his or her office, is guilty of a category C felony and shall be punished as provided in NRS 193.130.

[Part 1911 C&P § 80; RL § 6345; NCL § 10029] — (NRS A 1979, 1463; 1995, 1264)

Section 5: Evidence

Describe any relevant documents, agreements/contracts, correspondence, or receipts that support your complaint. Copy both sides of any canceled checks that pertain to this complaint. After complaint is submitted you will receive a notification email of receipt from our office where you may attach your supporting documents. Please provide clear and readable copies. You may upload photographs and/or scans of your documents (.jpeg, .pdf, .png, .tif)

39. Enter document names below.

District health officer report to Nevada State Board of Health Members December 3, 2021

Section 6: Witnesses

List any known witnesses or victims. Please provide names with addresses, phone numbers, email addresses, and/or social or website information.

40. Witnesses / Victims

State of Nevada residents

Section 7: Additional Comments

41. What are you hoping the Attorney General's office can do for you?

Criminally prosecute this doctor for violating Nevada Law

NRS 239.320 Injury to, concealment or falsification of records or papers by public officer. An officer who mutilates, destroys, conceals, erases, obliterates or falsifies any record or paper appertaining to his or her office, is guilty of a category C felony and shall be punished as provided in NRS 193.130.

[Part 1911 C&P § 80; RL § 6345; NCL § 10029] — (NRS A 1979, 1463; 1995, 1264)

Section 8: Signature and Acknowledgment

The Attorney General's Office will not process any unsigned, incomplete or illegible complaint forms.

42. I understand that the Attorney General is not my private attorney but strives to protect the public in part through enforcement of laws prohibiting fraudulent, deceptive, or unfair business practices. I understand that the Attorney General is prohibited by law from representing private citizens and does not seek refunds or other legal remedies on their behalf. I am filing this complaint to notify the Attorney General's Office of the activities of a particular business, individual, or agency. I understand that the information obtained in this complaint may be used to establish violations of Nevada law in both private and public enforcement actions and I agree to cooperate as a witness if required to do so. I understand that in order to assist in resolution of my complaint, the Attorney General may need to send a copy of this complaint form and any supporting documentation or correspondence to the business, individual, or agency about whom I am complaining, or another federal, state, or local agency, and I authorize this dissemination. I understand that this complaint may be treated as a public record under Nevada's Public Records Act and as such, limited information may also be released or provided to the public subject to any confidentiality requirements for personal privacy information and law enforcement sensitive information. *

☒ Yes

☐ No

43. I certify under penalty of perjury that the information provided on this form is true and correct to the best of my knowledge. *

☒ Yes

☐ No

44. Digital Signature - Typing full name is legally binding. *

Elizabeth Hammack

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