Annual Credit Reports for Youth in Care REQUEST FOR INVESTIGATION

If you suspect that credit fraud or possible identity theft has occurred to one of your youth, please complete the "Request for Investigation" form and email or fax it to Chief Investigator at 775-684-1108 or fax to Office of the Attorney General (OAG) at 775-684-1280. This is a result of Senate Bill 99 which passed in the 2013 Legislative Session.

You can also e-mail to:

Chief Investigator- Shawn Bowen Sbowen@ag.nv.gov Please cc Trina Gibbson at OAG. Tgibson@ag.nv.gov *current information of 10/2016



STATE OF NEVADA OFFICE OF THE ATTORNEY GENERAL

100 North Carson Street Carson City, Nevada 89701-4717

REQUEST FOR INVESTIGATION

Date:	Complainant:			
Complainants Agency/Dep	partment:			
Phone:	_ Fax:	Em	nail:	
Alleged Suspect:				
Offense/Type of Investigat	ion/Inquiry:			
List by priority the work red	quested:			
				_
Please give synopsis of ca	ise:			
	ATTACH ADDITIONAL INFOR	RMATION IF NECES	SSARY	
NRS/NAC Violated:				
Time Constraints:				
Attorney General's Office Investigations Divisions U	se Only:			
Investigator assigned:			Date:	
Assigned by:		Title:		
ProLaw Case #:	Assigne	Assigned By:		Date: