DIVISION OF WELFARE AND SUPPORTIVE SERVICES

ISSUE RESOLUTION FORM

Name:	
Case number or UPI	
Phone: ( ) -	Date:
Email: @	
Mailing Address:	

Please mark the assistance program your complaint/concern is about. Please check all that apply:

☐ SNAP (Food Stamps) ☐ TANF (Cash Assistance) ☐ Medicaid (Medical) ☐ Child Support
☐ Energy Assistance Program ☐ Other: _____

Please describe the nature of your concern including specific information such as the date, time and office where the incident occurred. Please include the names and/or titles of staff member(s) involved.

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Please use the back of this form if more space is needed, and return this completed form to any Welfare District Office . You may be contacted if additional information is needed.

For Internal Use:

Office_____ OTRS_____ Date_____

"Working for the Welfare of ALL Nevadans"