

**STATE OF NEVADA
OFFICE OF THE ATTORNEY GENERAL**

100 N. CARSON ST., CARSON CITY, NV 89701 – TEL# 775-684-1100 – FAX# 775-684-1108
555 E. WASHINGTON AVE., STE 3900, LAS VEGAS, NV 89101 – TEL# 702-486-3420 – FAX# 702-486-3768



COMPLAINT FORM

*The information you provide on this form may be used to help us investigate violations of state laws. **Please be sure to complete all required fields.** The length of this process can vary depending on the circumstances and information you provide. The Attorney General's office may contact you if additional information is needed. Supplemental materials can be attached to Section 6 of this complaint form, and if additional supplemental materials are acquired after submitting this form, please email them to AGCOMPLAINT@ag.nv.gov with COMPLAINT in the subject line.*

*****ONLY COMPLAINTS THAT ARE SIGNED WILL BE PROCESSED*****

HAVE YOU PREVIOUSLY FILED A COMPLAINT WITH OUR OFFICE? YES NO

If so, what are the approximate dates of previously filed complaint(s)? August of 2017

SECTION 1: COMPLAINANT INFORMATION

LAST NAME: Fellner		FIRST NAME: Robert		M.I.
ORGANIZATION: Nevada Policy				
ADDRESS: 7130 Placid St.		CITY: Las Vegas	STATE: NV	ZIP: 89119
PHONE/MOBILE: 702.222.0642 x 117		EMAIL:		
AGE GROUP	<input type="checkbox"/> UNDER 21	<input checked="" type="checkbox"/> 21-39	<input type="checkbox"/> 40-65	<input type="checkbox"/> OVER 65
PRIMARY LANGUAGE: English				

SECTION 2: TYPE OF COMPLAINT

<input type="checkbox"/> GENERAL INVESTIGATIONS	<input type="checkbox"/> MISSING CHILDREN	<input type="checkbox"/> TICKET SALES
<input type="checkbox"/> HIGH TECH CRIME	<input type="checkbox"/> MORTGAGE FRAUD	<input type="checkbox"/> WORKERS COMP FRAUD
<input type="checkbox"/> INSURANCE FRAUD	<input type="checkbox"/> OPEN MEETING LAW	<input type="checkbox"/> OTHER
<input type="checkbox"/> MEDICAID FRAUD	<input checked="" type="checkbox"/> PUBLIC INTEGRITY	<input type="checkbox"/>

SECTION 3: MY COMPLAINT IS AGAINST

<input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> BUSINESS / GOVERNMENT AGENCY / REPRESENTATIVE		
NAME OF PERSON / BUSINESS / AGENCY: Marlene Lockard		
ADDRESS: 3935 San Donato Loop	CITY: Reno	STATE: NV
TELEPHONE NUMBER: (775) 745-2237	EMAIL: marlene@thelockardgroup.net	
WEBSITE:		
DATE ALLEGED VIOLATION OCCURRED: March 1, 2019		
WAS A CONTRACT SIGNED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
HAVE YOU CONTACTED ANOTHER AGENCY FOR ASSISTANCE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF SO, WHICH AGENCY: Legislative Counsel Bureau Director Rick Combs		
HAVE YOU CONTACTED AN ATTORNEY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF SO, PROVIDE ATTORNEY'S CONTACT INFORMATION:		
IS COURT ACTION PENDING? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
DID YOU MAKE ANY PAYMENTS TO THE INDIVIDUAL OR BUSINESS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
HOW MUCH WERE YOU ASKED TO PAY?	HOW MUCH DID YOU ACTUALLY PAY?	
DATE OF PAYMENT:	PAYMENT METHOD:	

Continue to Section 4 to describe complaint.

Facebook: [/NVAttorneyGeneral](#) Twitter: [@NevadaAG](#) YouTube: [NevadaAG](#)

SECTION 4: DESCRIBE YOUR COMPLAINT:

➤ *(to add attachments, see Section 5)*

I would like to report a violation of NRS 218E.085(2) — a knowing misrepresentation of fact to a legislative committee.

The false statements made in violation of NRS 218E.085(2) were made on March 1, 2019 in the Senate Government Affairs Committee by Ms. Marlene Lockard, a lobbyist testifying on behalf of RPEN. Ms. Lockard was testifying as part of Senator Ratti's formal introduction for Senate Bill 224. The false statements made by Ms. Lockard are reflected in the legislative minutes as reproduced below:

MARLENE LOCKARD (Retired Public Employees of Nevada):

For more than 35 years, PERS personal information was considered confidential. As a result of the court cases that have been mentioned, we are now at a point where one standing order continues to make public, if requested, date of birth, beneficiary information, gender, passports, addresses of ex-spouses, birth certificates and marital status.

<https://www.leg.state.nv.us/Session/80th2019/Minutes/Senate/GA/Final/214.pdf> (page 10)

Everything that follows from "one standing order" is false in its entirety, but the following components meet the threshold of a knowing misrepresentation of fact:

No court order has ever made public the passport of PERS members, or any category of information remotely similar.

No court order has ever made public the addresses of ex-spouses of PERS members, or any category of information remotely similar.

No court order has ever made public the birth certificates of PERS members, or any category of information remotely similar.

In addition to being false, there exists no reasonable basis for a person to mistakenly believe any of the above.

The passage of a court order cited by Senator Ratti and referenced by Ms. Lockard as the source of her false claims was a district court order from the Carson City First Judicial District Court, case # 11 EW 00009 1B, issued on May 1, 2014. (The LCB mistakenly cited another court case as the source of this passage in the minutes, I have alerted the committee to the error and hopefully they post a corrected version soon.)

Senator Ratti describes this district court case as "the most current standing order," but neither is true. More importantly, however, this order contains nothing that would support the demonstrably false claims referenced above. [Additional information submitted via email to: AGCOMPLAINT@ag.nv.gov.]

[EMAIL AGCOMPLAINT@ag.nv.gov to submit any additional information](mailto:AGCOMPLAINT@ag.nv.gov)

SECTION 5: EVIDENCE

List and attach photocopies of any relevant documents, agreements, correspondence or receipts that support your complaint. Copy both sides of any canceled checks that pertain to this complaint.

SECTION 6: WITNESSES

List any other known witnesses or victims. Please provide names, addresses, phone numbers, email address and website information.

SECTION 7: SIGN AND DATE THIS FORM

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

I understand that the Attorney General is **not my private attorney**, but rather represents the public by enforcing laws prohibiting fraudulent, deceptive or unfair business practices. I understand that the Attorney General does **not** represent private citizens seeking refunds or other legal remedies. I am filing this complaint to notify the Attorney General's Office of the activities of a particular business or individual. I understand that the information contained in this complaint may be used to establish violations of Nevada law in both private and public enforcement actions. In order to resolve your complaint, we may send a copy of this form to the person or firm about whom you are complaining. I authorize the Attorney General's Office to send my complaint and supporting documents to the individual or business identified in this complaint. I also understand that the Attorney General may need to refer my complaint to a more appropriate agency.

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

******ONLY COMPLAINTS THAT ARE SIGNED WILL BE PROCESSED******

SIGNATURE:

PRINT NAME:

DATE:


Robert Fellner
4/15/19

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