



**State of Nevada
Department of Business & Industry
Division of Insurance
INSURER COMPLAINT REPORTING FORM**

Pursuant to NRS 689B.029, NRS 695B.390, NAC 695C.235, NAC 695D.530 or NRS 695G.220, certain licensed entities must file an annual complaint report on or before June 1 or each year for the previous year.

REPORTING YEAR

ORG ID #

Company Name

NAIC #

Name of Plan Being Reported

- Type of Plan (Select One):
- 689B – Group Health Plan
 - 695B – Non-Profit
 - 695C – HMO
 - 695D – Dental
 - 695G – Managed Care

Complaint Category:	Complaints Resolved		Complaints Under Appeal	Resolved Appeals	Total
	Verbal	Written			
• Payment or Reimbursement	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
• Availability	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
• Delivery	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
• Quality of Care	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
• Terms & Conditions of Health Care Plan	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
• Other - Non Health	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Totals	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Insured/Member Data:

Number of Insureds/Members

Number of Complaints

Average Resolution Time (days):

Verbal Complaints

Written Complaints

Total Number of Complaints:

Verbal*

Written

*Note: Verbal complaints that have been converted to written complaints should only be counted as a written complaint

Submitted by:

Date:

Title:

Reports must be submitted via SERFF <https://login.serff.com/index.html> under the specific TOI “Required Industry Reports”. Reports submitted under the wrong TOI will be returned to the carrier for correction.