



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

Pursuant to NRS 689A.750, NRS 689B.029, NRS 695B.390, NAC 695D.530, NAC 695F.630 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):
- 689A – Individual Health Plan
  - 689B – Group Health Plan
  - 695B – Non-Profit Plan
  - 695C – HMO
  - 695D – Dental
  - 695F – Pre-Paid Limited Health Organization

Complaint Category:	Complaints Resolved		Complaints Under Appeal	Resolved Appeals	Total
	<i>Verbal</i>	<i>Written</i>			
• 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:   
Title:

Date:

**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.**