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

Pursuant to NAC 689B.260, NAC 695B.210, 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 & Blanket Health Insurance
- ☐ 695B – Non-Profit Medical Corporation
- ☐ 695C – Health Maintenance Organization ("HMO")
- ☐ 695D – Plan for Dental Care
- ☐ 695G – Managed Care

Complaint Category:	Complaints Resolved *Verbal*	Complaints Resolved *Written*	Complaints Under Appeal	Resolved Appeals	Total
• Payment or Reimbursement					
• Availability					
• Delivery					
• Quality of Care					
• Terms & Conditions of Health Care Plan					
• Other - Non Health					
Totals					

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.