



STATE OF NEVADA | DEPT OF BUSINESS & INDUSTRY | DIVISION OF INDUSTRIAL RELATIONS

Workers' Compensation Section

1886 East College Parkway, Ste. 100, Carson City, NV 89706 | Phone: (775) 684-7270 | Fax: (775) 684-3073 | Email: WCSHelp@dir.nv.gov
3360 West Sahara Ave, Ste. 250 Las Vegas, NV 89102 | Phone: (702) 486-9080 | Fax: (702) 486-9174 | Email: WCSHelp@dir.nv.gov

COMPLAINT FORM

A COMPLAINT is an allegation of a violation pursuant to Nevada Revised Statutes (NRS) Chapters 616A to 616D, and Chapter 617 and the Division of Industrial Relations, Workers' Compensation Section guidelines.

To file complaint, follow the steps below, fill out completely and enter N/A where it does not apply.

Complainant Information (Person Filing Complaint):

Form with fields: 1. Name (First, Middle, Last), 2. Date of Complaint (mm/dd/yyyy), 3. Email Address, 4. Address (Street or P.O. Box, City, State, ZIP Code)

Injured Employee Information:

Form with fields: 6. Name (First, Middle, Last), 7. Claim # (if known), 8. Address (Street or P.O. Box, City, State, ZIP Code), 9. Phone Number, 10. Employer (At time of injury), 11. Date of Injury (mm/dd/yyyy), 12. Employer's Address (Street or P.O. Box, City, State, ZIP Code), 13. Employer's Phone Number

Insurer/ Third Party Administrator (TPA) Information:

Form with fields: 14. Name of Insurer/TPA, 15. Name of Contact, 16. Email Address, 17. Insurer/TPA Address (Street or P.O. Box, City, State, ZIP Code), 18. Insurer/TPA Phone Number

Mark the corresponding boxes, as applicable:

- I have contacted the Nevada Attorney for Injured Workers
I have contacted the Office of Consumer Health Assistance

SPECIFIC DETAILS OF COMPLAINT

- Benefits delayed or inaccurate
Benefit Penalty (include the specific sub section of NRS 616D.120(1) below)
Medical bill sent to injured employee
Member of treating panel (physician or chiropractic physician) does not accept or treat injured employees per NRS 616C.090 (8)
Delayed response to written request
Incorrect treating provider information published on DIR's website (Address, phone number, specializations, etc.)
Other (explain below)

In the space below, describe the facts of the alleged violation of workers' compensation laws or rules. Be specific, and include the dates or time period during which the violation occurred. Provide the name and contact of the subject or parties to the complaint, including witnesses, as applicable. Please attach copies of supporting documentation, if available.

Large empty rectangular box for describing the facts of the alleged violation.

Note: If additional space is required, please attach additional sheets

Completed forms and supporting documentation can be emailed to WCSHelp@dir.nv.gov, or mailed to either address at the top of this form.

For Internal Use Date of Receipt: _____

WCS COMPLAINT FORM (REV. 06/24/2024)



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Frequently Asked Questions

What types of documentation should I submit to support my complaint?

Please submit any supporting documentation with your complaint. Supporting documentation may include:

- Medical bills;
- Explanations of benefits (EOBs);
- Copies of invoices or checks;
- Evidence of communications (written correspondence or documentation of conversations) between you and the insurance carrier, attorney, or health care provider, including names, dates, and phone numbers;
- Proof of timely submission or filing (for example, certified receipts or fax receipts);
- Off-work slips;
- Copies of relevant WCS forms;
- Photographs, reports, and recordings (video, audio, surveillance) if fraud is alleged; and
- Any other documentation to support your complaint.

Where can I find additional information about complaints?

- Nevada Revised Statutes (NRS) 616D.130 and NRS 616D.120
- The "File a Complaint" section of the WCS website: https://dir.nv.gov/WCS/Injured_Workers/

Is the information I submit confidential?

The information in WCS' investigation files is confidential per NRS 616B.012 (1) and generally may not be disclosed except:

- in a criminal proceeding in accordance with NRS 239.0115;
- in a hearing conducted by WCS;
- on a judicial determination of good cause;
- to a governmental agency, political subdivision, or regulatory body if the disclosure is necessary or proper for the enforcement of the laws of this or another state or of the United States per NRS 607.217; or
- to an insurance carrier if the investigation file relates directly to a felony regarding workers' compensation or to a claim in which restitution is required to be paid to the insurance carrier.

How do I submit my complaint and supporting documentation to WCS?

E-mail: WCSHelp@dir.nv.gov

Fax: (702) 486-9174 or (775) 687-3073

Mail: 3360 West Sahara Avenue, Suite 250 1886 East College Parkway, Ste. 100,
Las Vegas, Nevada 89102 Carson City, NV 89706

For questions or assistance with submitting a workers' compensation complaint, call (702) 486-9080 or (775) 684-7270