



GRIEVANCE, APPEAL, OR CONCERN FORM

This form is to help you file a grievance or appeal. You can fill it out and send it to us. Or, you may write a letter and include this information in your letter. Please mail or fax this form or your letter to:

Nevada Behavioral Health Systems
ATTN: Grievance and Appeal Department
3035 S. Maryland Parkway, Suite#110
Las Vegas, NV 89109
Fax 1-702-857-8801

**You may file a grievance at any time.*
**You must file an appeal within 60 days from the date on the denial letter.*

(PLEASE PRINT)

Member's Name _____

Member's ID#: _____

Street Address: _____

City _____ State _____ Zip _____

Member Phone Number: _____

Tracking Number (if you have one). Found in the upper left-hand corner of letter.

Share information you have about the grievance or appeal.

Representatives Name (if you spoke to one) _____

Member/Representative's signature: _____

Daytime Phone #: _____ Date: _____