



Insurance Division

Consumer Insurance Services  
 500 James Robertson Parkway, 6th Floor  
 Nashville, TN 37243-0574  
 (800) 342-4029 - (615)741-2218

## Consumer Complaint

Required Fields are marked with an asterisk(\*).

Date: 1-30-2018

Please Note: Entry of accented characters such as ç, é, á and ñ are not supported in this form.

**Complainant's Information:**

\*First Name:  Middle Name:  \*Last Name:

\*Address Line 1:   
 Address Line 2:   
 Address Line 3:   
 Address Line 4:   
 Address Line 5:   
 Address Line 6:

\*City:  \*State:  \*Zip:

County:  \*Country:  International Zip:

Email Address:

Please Reenter Email Address for Verification:

\*Phone Number:    Extension:

Alternate Phone Number:    Extension:

How do you prefer to be contacted?:

**Insured Information (If different than above):**

First Name:  Middle Name:  Last Name:

**Other Parties involved in this problem:**

First Name:  Last Name:  Description:   
 Last Name:

First Name:

Description:

First Name:

Last Name:

Description:

First Name:

Last Name:

Description:

**Insurance information:**

**\*Who is the Complaint Against? Provide the name of one or more of the parties you are complaining against.**

a. Name of Insurance Company:

b. Name of Insurance Agency:

c. Name of Insurance Agent, Adjuster, Appraiser:

First Name:

Last Name:

In what state did you purchase this plan? State:

Policy Number:

Certificate Number:

Claim Number:

Date of Loss/Service:

Date of Cancellation:

Insured Age Group:

Amount Disputed:   
(Do not enter a dollar sign or comma)

**\*Type of Insurance**

- Annuity
- Auto
- Commercial
- Dental
- Disability
- Group Health
- Home
- Individual Health
- Life
- Long Term Care
- Medicare Supplement
- Other
- Title

**\*Reason for Complaint** (Check at least one or use the Ctrl key to make multiple selections)

- Agent handling
- Cancellation
- Claim Delay
- Claim Denial
- Delays/No Response
- Information Requested
- Misrepresentation
- Nonrenewal
- Other
- Premium & Rating
- Premium Notice/Billing
- Premium Refund
- Unsatisfactory Settlement/Offer

Other Desc:

Other Desc:

**\*Details of Complaint:**

Maximum Complaint Detail Limit- 4000 Characters. Characters Left

**What do you consider to be a fair resolution?**

Maximum Fair Resolution Limit- 4000 Characters. Characters Left

**Note: After final submission of this form you will be provided with an opportunity to attach supporting documents.**

Will you be mailing or faxing additional supporting information?  Yes  No

If mailing supporting documents, please include a copy of this form and mail to:

Consumer Insurance Services  
500 James Robertson Parkway, 6th Floor  
Nashville, TN 37243-0574

or FAX supporting documents along with a copy of this form to: (615) 532-7389

[Review Complaint](#)

**You will have the opportunity to change your complaint before it is submitted.**

Note: The system may be inaccessible during routine maintenance between **12:00 midnight** and **12:30am** CST.

**SBS 2014 Fall Warranty**

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