




# OFFICE OF INSURANCE AND SAFETY FIRE COMMISSIONER

**RALPH T. HUDGENS**  
COMMISSIONER OF INSURANCE  
SAFETY FIRE COMMISSIONER  
INDUSTRIAL LOAN COMMISSIONER

SEVENTH FLOOR, WEST TOWER  
FLOYD BUILDING  
2 MARTIN LUTHER KING, JR. DRIVE  
ATLANTA, GA 30334  
(404) 656-2056  
[www.oci.ga.gov](http://www.oci.ga.gov)

## Instructions for Completing the CONSUMER Complaint Form

Consumer complaint filings can be made choosing ONE (please select only ONE) of the following methods:

<p><i>Consumer Complaint Portal:</i></p>  <p><a href="http://www.oci.ga.gov">www.oci.ga.gov</a></p> <p><i>(preferred method)</i></p>	<p><i>Fax:</i></p> <p>(404) 657-8542</p>	<p><i>Postal Mail:</i></p> <p>Georgia Insurance Commissioner's Office Consumer Services Division 2 Martin Luther King, Jr., Drive, Suite 716, West Tower Atlanta, GA 30334</p>
<p>* <i>On-line Consumer Complaint Portal filing is the preferred method because it follows a digital workflow reducing processing costs.</i></p>		

Follow these steps only if faxing or postal mailing the insurance issues to the Department:

- Complete the Consumer Complaint Form GID-CS-CF-1 to file the complaint by:
  - filling in the interactive form fields using a free Adobe Reader, then print and fax or mail; or,
  - printing a copy of the form then type or handwrite legibly in blue or black ink to avoid unnecessary delays in processing your complaint.
- Clearly state the full name of the company or third party administrator against whom you are lodging your complaint. (Do not abbreviate the company's or third party administrator's name, as this may cause delays in identifying the correct company.)
- Include your e-mail address for communication purposes.
- Date and signed (digital signatures are accepted for the electronic form) the completed form.
- Attach copies only of pertinent documents to support your complaint.

**!!! KEEP YOUR original documents for your records, DO NOT send us your originals !!!**

Upon receipt of your complaint, a case will be created and assigned to an investigator in the Consumer Services Division. You will receive an acknowledgement letter stating your case number and the name of your investigator.

Please allow an additional 15 business days for the carrier or third party administrator to respond to us. The investigator will then review the response and notify you with a written reply. Please allow adequate time for the process.

If you are a **Health Care Provider**, please do not use the **Consumer Complaint Form on provider issues**. You can obtain the *Provider Complaint Form GID-258-LH* from the website [www.oci.ga.gov](http://www.oci.ga.gov) under Managed Care for Consumer Services or by contacting our Managed Care Unit at (404) 657-6041.



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**Ralph T. Hudgens, Commissioner**

2 Martin Luther King Jr., Dr., Suite 716, West Tower, Atlanta, GA 30334



www.oci.ga.gov

Phone: 404-656-2070 ♦ Fax: 404-657-8542

**CONSUMER SERVICES**

**GID-CS-CF-1 MAY13**

**CONSUMER COMPLAINT FORM**

A digital filing process is available using the *Consumer Complaint Portal* on our website at [www.oci.ga.gov](http://www.oci.ga.gov) in place of this form.

**Type of Insurance:**

- Automobile
- Homeowners
- Life & Annuity
- Accident & Health
- Commercial
- Miscellaneous

**PLEASE TYPE OR PRINT LEGIBLY IN BLUE OR BLACK INK**

**COMPLAINANT INFORMATION**

Mr.  Mrs.  Ms.  Dr.  \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address\*: \_\_\_\_\_

**INSURED INFORMATION**

Mr.  Mrs.  Ms.  Dr.  \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

- ← \* I, the Complainant, hereby confirm that by checking this box and providing the above Complainant Email Address that I am authorizing the Office of Insurance and Safety Fire Commissioner to transmit communications via the designated Email Address.
- ← Check here if you are represented by an attorney.

**MY COMPLAINT IS AGAINST THE FOLLOWING**

**INSURANCE COMPANY OR 3<sup>RD</sup> PARTY ADMINISTRATOR:**

Company Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Policy/ID No.: \_\_\_\_\_

Claim No.: \_\_\_\_\_

Date Of Loss: \_\_\_\_\_

Policy Period: \_\_\_\_\_

**AGENCY/ADJUSTER INFORMATION**

Agency Name: \_\_\_\_\_

Agent/Adjuster Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Briefly describe your issue and clearly state your complaint. Attach copies of any supporting documents but **KEEP YOUR ORIGINALS.**

Authorization & Release: By signing below, I hereby authorize Commissioner Ralph T. Hudgens and members of his staff to receive and disclose such information, including protected health or financial information, as they may deem necessary and appropriate for purposes of making inquiries into the subject matter contained herein and all matters related thereto. I also specifically authorize the insurer, agent, third party administrator, or other party to release any and all information necessary for the Office of Insurance and Safety Fire Commissioner to investigate the matter contained herein. I further acknowledge that the information contained in this form is accurate to the best of my knowledge. A copy of this request may be shared with any/all parties involved.

Date \_\_\_\_\_

Signature \_\_\_\_\_