



**Illinois Department of Insurance
Consumer Complaint Form
Property & Casualty
Auto / Home / Property / Commercial**

Illinois Department of Insurance
320 West Washington Street
Springfield, IL 62767-0001
1-866-445-5364 (toll-free)
TDD 217/524-4872 / Fax: 217/558-2083
insurance.illinois.gov

Attention: A complaint may be filed by the insured, their designee or guardian or any other person who is attempting to reconcile a grievance against an insurance company. Any person who files such a complaint or grievance under false pretenses may be subject to criminal or civil action as the law may allow.

Please Print Clearly			
Name (<i>Mr., Mrs., Mr. & Mrs., Ms., Dr., etc.</i>)			Date
Address		City	State Zip code
Home phone		Work phone	
Name of insured (if different from above)		Your relationship to insured person	
My complaint is against (agency) (insurance company). (Give specific name of insurance company, not group name.)			
Address of agency or insurance company			State of purchase
Policy #		Claim #	Date of loss
Has this complaint been filed before? <input type="checkbox"/> Yes <input type="checkbox"/> No			E-mail Address (provide only if you wish E-mail communication from the Department of Insurance)
If yes, please state complaint number.			
Cancellation or Nonrenewal for reasons other than non-payment of premium			
Original effective date of policy		Date coverage did/will terminate	
Is this a new or renewal policy		Type of coverage (auto/home, etc.)	
Do you want a hearing? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, we will advise you if a hearing can be held.			
If possible, please attach a copy of the notice you received from the insurance company with your complaint form.			
Please state your complaint (attach all supporting documents and use Page 2 if necessary)			
I authorize the Department of Insurance to investigate my complaint and to obtain personal health information, if necessary, to conduct the investigation.			
			_____ Signature
Important Notice: Complaints filed with the Department of Insurance are confidential records and will not be released to any person or organization except the policyholder, insured or enrollee (or their designee) who originated the complaint or the party against whom the complaint has been filed.			

