

Consumer Affairs Section 700 W. State St., 3<sup>rd</sup> Floor Boise, ID 83720-0043 208-334-4319 Phone 208-334-4398 Fax consumeraffairs@doi.idaho.gov

## **CONSUMER COMPLAINT FORM**

The following information is needed to act on your request. Please complete this complaint form and mail, fax, or email it to the address above. Another option is to complete an online complaint via our website <a href="https://www.doi.idaho.gov">www.doi.idaho.gov</a>. Please attach <a href="mailto:copies">copies</a> of important documents or letters related to your complaint.

Please print or type.

YOUR CONTACT INFORMATION			
Name:			
Address:			
City: State: Zip Code:			
Daytime Phone: Home Cell Work			
Email Address:			
How would you prefer we correspond with you? US Mail? Email?			
INSURANCE INFORMATION			
Complete name of insurance company involved:			
Is this a group policy: Yes No If yes, group name:			
Name of the policyholder or defendant if different from your name:			
Policy number:			
Claim Number: Date loss occurred:			
Insurance Agent, Bail Agent, Title Agent (if your complaint is regarding an agent or agency):			
Agent Phone: Agent Email:			
OTHER INFORMATION			
Have you previously written to the Department of Insurance about this matter? Yes No			
If yes, please give the file number (if available): Date written:			
Have you reported this to other governmental agencies? Yes No			
If yes, please state name of agency and give the case number (if known):			
Do you have an attorney representing you? Yes No			
Is there a court action pending? Yes No			

*Signature:	Date:	
I represent that I am the person filing this Consumer Complaint and this is my signature below.		
What do you consider to be a fair	resolution to your complaint/problem?	
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\*A SIGNATURE IS REQUIRED.