SOUTH CAROLINA DEPARTMENT OF INSURANCE

Mailing Address
Consumer Services Division
P.O. Box 100105
Columbia, SC 29202-3105

Physical Address
Consumer Services Division
1201 Main Street, Suite 1000
Columbia, SC 29201

Phone: 803-737-6180 or 1-800-768-3467
Fax: 803-737-6231
E-mail address: consumers@doi.sc.gov

This form can be completed with the Adobe Typewriter tool. For instructions click here.

1. Complainant's Information			
Name		Email	
Street Address			
City	County	State	Zip Code
Phone Number (Where you can be reached between 8:30 a.m. – 5:00 p.m.)			

I am filing this complaint as the:
☐ Insured ☐ Producer ☐ Medical Provider ☐ Third Party/Accident Victim ☐ Beneficiary ☐ Other (Please specify)_____

Have you or anyone previously written or faxed to the South Carolina Department of Insurance regarding this complaint? ☐ Yes ☐ No
If yes, when _____

2. Policyholder and Policy Information			
Policyholder's Name		Email	
Policy #	Claim #	ID #	Date of Loss
Name of Insurance Company Involved		Phone	
Name of Agent/Adjuster		Phone	
Name of Employer Offering Coverage			

Type of Insurance (Check at least one and all that apply)
☐ Auto ☐ Home ☐ Business ☐ Life/Annuity ☐ Credit ☐ Long Term Care ☐ Other (Please specify) _____
☐ Accident/Health ☐ Group Coverage ☐ Individual Coverage

3. Reason for Complaint *(Check at least one or all that apply)*

☐ Claim Delay ☐ Claim Denial ☐ Agent Handling ☐ Cancellation ☐ Premium Problem ☐ Premium Refund
☐ Unsatisfactory Offer ☐ Non-Renewal ☐ Other (Please specify) _____

(If applicable, check all that apply)
Discrimination based on:
☐ Race ☐ Color ☐ Sex ☐ National Origin ☐ Age ☐ Location of Residence ☐ Income Level ☐ Marital Status ☐ Ancestry

4. Attorney Information

Does an attorney represent you in this matter? ☐ Yes ☐ No
If you answered yes, we will need written authorization from your attorney in order for us to intervene in this matter.

Name of Attorney	Phone

5. Below, please describe in detail your complaint and what you consider to be a fair resolution to the complaint.
If your complaint is being mailed, do not send any original documentation. (*Please use additional paper if necessary.*) (*See page 2 for additonal space*)

_____

_____

_____

_____

_____

Consent to Release Information: The information I have given above is true and accurate to the best of my knowledge. This information may be forwarded to the insurance company, if necessary for the investigation of this matter. I understand that under South Carolina's Freedom of Information Act this complaint becomes a public record once my file is closed. (Medical and personal records will remain confidential).

☐ By checking this box and/or submitting this form electronically to the SC Department of Insurance, I authorize the Department to pursue resolution of my complaint.

Signature	Date

Additonal Space

This form can be completed with the Adobe Typewriter tool. The Typewriter tools allows anyone with Adobe Reader to type on a form and save it. To use the Typewriter tool follow these steps:

1. Look for the Typewriter Toolbar at the top of the top of the document or in the toolbar area If it is not there choose **Tools > Typewriter > Show Typewriter Toolbar**,

2. Click the **Typewriter** button.
3. Click where you want to type, and then begin typing. (You can press Enter to add a second line.)
4. To change the text size, select the text, and click the Decrease Text Size button or the Increase Text Size button in the Typewriter toolbar.
5. To change the line spacing (leading), select the text, and click the Decrease Line Spacing button or the Increase Line Spacing button.
6. To move or resize Typewriter text block, select the Select tool, click a Typewriter text block, and drag the text block or one of its corners.
7. To edit the text again, select the Typewriter tool, and then double-click the Typewriter text that you would like to change.
8. Save the document to a location on your computer
9. Email the saved document to: **consumers@doi.sc.gov**