



Department of Consumer & Business Services
Insurance Division — 2

P.O. Box 14480, Salem, OR 97309-0405
Phone: (503) 947-7984, Fax: (503) 378-4351
(888) 877-4894 (toll-free message phone)
350 Winter St. NE, Room 440, Salem, Oregon
E-mail: dcbs.insmail@state.or.us
Web: www.insurance.oregon.gov

Department use only

File #: _____

CO#: _____

Consumer Complaint

Your name: Mr. Mrs. Ms.
_____ First M.I. Last

Address: _____
Street City ZIP County

Home phone: () _____ Work phone: () _____ E-mail: _____

Other persons (if any) involved in this problem:

1. _____
2. _____
3. _____

My complaint is against:

Insurance company: _____

Insurance agency: _____

Insurance agent: _____

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OR ID #: _____ NAIC #: _____

OR ID #: _____ FEIN #: _____

OR ID #: _____ FEIN #: _____

Policy no.: _____ Claim no.: _____ Date of loss: _____

Kind of policy: Life Health Auto Property Workers' comp. Other: _____

Check cause(s) of problem and explain on back of this form:

- Claim denial Claim settlement Cancellation Poor service Information
 Claim delay Premium problem Non-renewal Misrepresentation Other: _____

Signature: _____ Date: _____

Note: To obtain additional information, a copy of this inquiry will be sent to the insurers or agents involved.

Release of medical information

I hereby authorize any medical provider or insurer to provide copies of medical records to the Oregon Insurance Division. A photocopy of this authorization shall be as valid as the original.

Signature of patient/guardian: _____ Date: _____



Department use only

Date opened: _____ by: _____ Related files: _____

Date closed: _____ by: _____

