



Department of Consumer and Business Services  
**Division of Financial Regulation – 2**  
P.O. Box 14480, Salem, Oregon 97309-0405  
Telephone 888-877-4894 (toll-free), Fax: 503-378-4351  
Email: dfr.insurancehelp@dcbs.oregon.gov  
Website: dfr.oregon.gov

File # \_\_\_\_\_

**Medical providers:  
file online**

## Consumer Complaint

### REQUIRED FIELDS ARE MARKED IN BOLD AND WITH AN ASTERISK \* COMPLAINANT INFORMATION

**Are you a medical provider? If yes, file your complaint online.**

**\*Are you the insured?**  Yes  No If no, what is your relationship to the insured?

Check one:  Spouse/partner  Attorney  Other driver  Family member  Other

**\*Your name:** \_\_\_\_\_

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

Street

City

ZIP

County

**\*Phone:** \_\_\_\_\_ Alternate phone: \_\_\_\_\_ Email: \_\_\_\_\_

### INSURED'S INFORMATION (if different than above):

### OTHER PARTIES INVOLVED IN THIS PROBLEM (if any):

1. \_\_\_\_\_

2. \_\_\_\_\_

### INSURANCE INFORMATION

**\*Who is the complaint against? Provide the names of one or more of the parties.**

My complaint is against: \_\_\_\_\_

Insurance company: \_\_\_\_\_

Insurance agent or agency: \_\_\_\_\_

Policy or member number: \_\_\_\_\_ Group number: \_\_\_\_\_

Claim number: \_\_\_\_\_ Date of loss/treatment date: \_\_\_\_\_

**\*Type of insurance:**  Life  Health  Auto  Home  Medicare/Medicaid  Long-term care  
 Other: \_\_\_\_\_

**Amount in dispute (damages): \$** \_\_\_\_\_



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440-3600 (8/22/COM)

Reason for complaint (check all that apply):

Claim handling  Cancellation  Poor service  Premium  Other: \_\_\_\_\_

Note: A copy of this complaint, and any supporting documentation, will be sent to the insurance company or agent involved.

## CONSUMER COMPLAINT

### **\*Explain the problem:**

### **\*What do you think is a fair resolution?**

Insured age group (for statistical purposes):  <25  25-49  50-64  65+  Unknown

How did you hear about us?  Radio  TV  Billboard/transit ad  Internet  Social media

Other: \_\_\_\_\_

Outreach event: \_\_\_\_\_



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If you need more space, attach additional sheets.  
Street address: 350 Winter St. NE Salem, Oregon, 97301

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