



Department of Consumer and Business Services
Insurance Division — 2
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 888-877-4894 (toll-free)
 350 Winter St. NE, Salem, Oregon
 Email: dcbs.inmail@state.or.us
 www.insurance.oregon.gov

Department use only

File # _____

CO # _____

Consumer Complaint

Mr. Mrs. Ms.

Your name: _____

Address: _____
Street City ZIP County

Home phone: _____ Work phone: _____ Email: _____

Other people (if any) involved in this problem:

1. _____
2. _____
3. _____

My complaint is against:

Insurance company: _____

Insurance agency: _____

Insurance agent: _____

Department use only

NAIC #: _____

FEIN #: _____

FEIN #: _____

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

Kind of policy: Life Health Auto Home Workers' compensation Long-term care
 Disability Other: _____

Check causes of problem and explain on back of form:

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

How did you hear about us? _____

Signature: _____ Date: _____

Note: A copy of this inquiry will be sent to the insurers or agents involved.

Release of medical information

I 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: _____

