Department of Consumer and Business Services
Division of Financial Regulation — 2
P.O. Box 14480, Salem, Oregon 97309-0405
Phone: 503-947-7984, Fax: 503-378-4351
888-877-4894 (toll-free)
350 Winter St. NE, Salem, Oregon
Email: cp.ins@oregon.gov
dfr.oregon.gov

Department use only

File # _____

Advocate # _____

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: _____

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 Division of Financial Regulation. A photocopy of this authorization shall be as valid as the original.

Signature of patient/guardian: _____ Date: _____

DEPARTMENT OF CONSUMER & BUSINESS SERVICES
440-3600 (1/17/COM)

Please be aware that the narrative description of complaints regarding unfair claims settlement practices may be part of the public record; however, any personally identifiable information or personal health information will never be disclosed.

Consumer complaint

1. My complaint is:

2. What do you consider to be a fair resolution to your problem?

If you need more space, please attach additional sheets.

Please do not write below this line