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

File # ______________

Providers file online

Consumer Complaint

REQUIRED FIELDS ARE MARKED IN BOLD AND WITH AN ASTERISK *

COMPLAINANT INFORMATION

***Are you the insured?** YES NO If no, what is your relationship to the insured? Check one:

☐ Spouse/partner ☐ Attorney ☐ 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: ______________ Group: ______________ Treatment date/date of loss: __________

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

☐ Other: ______________________________

Amount in dispute (damages): $ ______________

Reason for complaint (check all that apply):

☐ Claim handling ☐ Cancellation ☐ Poor service ☐ Premium ☐ Other: ______________

Note: A copy of this complaint will be sent to the insurance company or agents involved

DCBS Consumer and Business Services 440-3600 (2/20/COM)

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

***Explain the problem:**

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

How did you hear about us? ☐ Radio ☐ TV ☐ Billboard/transit ad ☐ Internet Other: ________________________

If you need more space, attach additional sheets.

Do not write below this line.

440-3600 (2/20/COM)