Department of Consumer & Business Services
Insurance Division 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, Rm. 440, Salem, Oregon
E-mail: dcbs.insmail@state.or.us
Web: www.insurance.oregon.gov

Department use only

File # _____

CO # _____

Consumer Complaint

☐ Mr.

☐ Mrs.

Your name: ☐ Ms. _____

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: _____

Department use only

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 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 herby 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 OF CONSUMER & BUSINESS SERVICES
440-3600 (3/08/COM)

Department use only

Date opened: _____ by: _____ Related files: _____

Date closed: _____ by: _____ _____

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