



Consumer Affairs Section
700 W. State St., 3rd Floor
Boise, ID 83720-0043

208-334-4319 Phone
208-334-4398 Fax
consumeraffairs@doi.idaho.gov

CONSUMER COMPLAINT FORM

The following information is needed to act on your request. Please complete this complaint form and mail, fax, or email it to the address above. Another option is to complete an online complaint via our website www.doi.idaho.gov. Please attach copies of important documents or letters related to your complaint.

Please print or type.

YOUR CONTACT INFORMATION

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Daytime Phone: _____ Home Cell Work
Email Address: _____
How would you prefer we correspond with you? US Mail? Email?

INSURANCE INFORMATION

Complete name of insurance company involved: _____
Is this a group policy: Yes No *If yes, group name:* _____
Name of the policyholder or defendant if different from your name: _____
Policy number: _____
Claim Number: _____ Date loss occurred: _____
Insurance Agent, Bail Agent, Title Agent (*if your complaint is regarding an agent or agency*): _____
Agent Phone: _____ Agent Email: _____

OTHER INFORMATION

Have you previously written to the Department of Insurance about this matter? Yes No
If yes, please give the file number (if available): _____ *Date written:* _____
Have you reported this to other governmental agencies? Yes No
If yes, please state name of agency and give the case number (if known): _____
Do you have an attorney representing you? Yes No
Is there a court action pending? Yes No

Please describe the reason(s) for your complaint below (use additional pages if necessary).

What do you consider to be a fair resolution to your complaint/problem?

I represent that I am the person filing this Consumer Complaint and this is my signature below.

***Signature:** _____ **Date:** _____

***A SIGNATURE IS REQUIRED.**