



Consumer Affairs Section  
700 W. State St., 3<sup>rd</sup> 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](http://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 <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/>
Email Address:	_____
How would you prefer we correspond with you?	US Mail? <input type="checkbox"/> Email? <input type="checkbox"/>

INSURANCE INFORMATION	
Complete name of insurance company involved:	_____
Is this a group policy: Yes <input type="checkbox"/> No <input type="checkbox"/> 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 <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please give the file number (if available): _____ Date written: _____	
Have you reported this to other governmental agencies? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please state name of agency and give the case number (if known): _____	
Do you have an attorney representing you? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is there a court action pending? Yes <input type="checkbox"/> No <input type="checkbox"/>	

