



INSURANCE COMPLAINT FORM

To assist our review, please complete this form and include any relevant information and facts that support your complaint. You may attach a separate letter and other related documents. Please return this form to the attention of the **"Complaint Liaison Officer"** by regular mail or by fax at **(905)750-4035**
333 First Commerce Drive
Aurora, ON L4G 8A4

GENERAL INFORMATION			
Last Name:	First Name:	Middle Name:	
Street Address Apt/Unit			
City		Postal Code	
Phone Number	Ext.	Fax Number	Email Address
Policy #			
Claim #			

COMPLAINT INFORMATION		
What is your complaint about?		
<input type="checkbox"/> Premiums & Rating	<input type="checkbox"/> Insurance Agent	<input type="checkbox"/> Underwriting
<input type="checkbox"/> Life Insurance	<input type="checkbox"/> Mutual Funds	<input type="checkbox"/> Vehicle Finance Loan
<input type="checkbox"/> Auto Insurance Claim	<input type="checkbox"/> Cancellation	<input type="checkbox"/> Property Insurance Claim
<input type="checkbox"/> Service		
<input type="checkbox"/> Other (Please Describe):		

COMPLAINT DETAILS

The date when you first became aware of the circumstances giving rise to your complaint (dd/mm/yyyy):

Describe the nature of your complaint. Include facts and supporting documents where possible. Use a separate attachment if necessary.

Please provide the name and contact information of the person with whom you attempted to resolve the matter?
Name of contact: _____ **Phone Number ()** _____ **Ext.** _____

Brief details of steps you have taken to date in attempting to resolve the matter.

LEGAL ACTION

Have you commenced legal action: Yes No

If yes, please explain.

NOTIFICATION AND CONSENT

The Personal information provided on this form is necessary to review and/or investigate the matters in your complaint.

State Farm may need to disclose your information to third parties as part of its review or investigation. By signing below you consent to State Farm disclosing the information contained on this form, and any additional information that you supply about your complaint, to the following parties as necessary;

1. The insurance agent (and/or any of his/her staff members) identified in your complaint;
2. Any government ministry, agency, board or commission;
3. Any self-regulatory agency or association; and
4. Any Canadian law enforcement agency.

I hereby authorize State Farm to disclose the information I have submitted about my complaint, including my personal information as may be required for the purposes of further reviewing or investigating my complaint to the persons or organizations listed above.

SIGNATURE

Name (please print)

Signature

Date (dd/mm/yyyy)