

PETE RICKETTS
GOVERNOR

BRUCE R. RAMGE
DIRECTOR

CONSUMER COMPLAINT

- Mr.
- Mrs.
- Ms.

Complaint Made By: _____
PLEASE PRINT (Last Name) (First Name) (Middle)

Home Address: _____
(Address) (City) (State) (Zip Code)

Phone Number: (____) _____ Alternate Phone Number: (____) _____

Email Address: _____

Insured Information (if different from above): _____

Other Parties involved in this problem: _____

Complaint is directed against:

Insurer: _____ Agent or Agency: _____

Policy or Claim #: _____ Date of Loss: _____
(Circle one) (If claim)

Policy Type: Life Group Health Individual Health Auto Property Other _____

PLEASE CIRCLE INSURED'S AGE GROUP: <25 25-49 50-64 65+

Details of Complaint: Please note, a copy of your complaint will be sent to the company and/or the agent.

(An additional page may be used, if necessary)

I understand my complaint will be shared with the insurance company and agent involved. I acknowledge and authorize the release of medical, personally identifiable, and/or protected information to the extent necessary to complete the investigation including the sharing of this information with other governmental agencies. I further acknowledge that the State Tort Claims Act provides that neither the Department of Insurance staff nor the State of Nebraska may be held liable for consequences that flow from their efforts because such efforts are discretionary acts.

Date: _____ Signature _____

PO Box 82089 ♦ Lincoln, NE 68501-2089
Phone: 402-471-2201 ♦ Fax: 402-471-6559 ♦ TDD 1-800-833-7352
Consumer Toll-Free Hotline: 1-877-564-7323 ♦ Email: DOI.ConsumerAffairs@nebraska.gov
www.doi.nebraska.gov

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