

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: 402-471-4610 ♦ TDD 1-800-833-7352  
Consumer Toll-Free Hotline: 1-877-564-7323 ♦ Email: [DOI.ConsumerAffairs@nebraska.gov](mailto:DOI.ConsumerAffairs@nebraska.gov)  
[www.doi.nebraska.gov](http://www.doi.nebraska.gov)

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