

PETE RICKETTS
Governor

BRUCE R. RAMGE
Director

CONSUMER AFFAIRS DIVISION
COMPLAINT QUESTIONNAIRE

Complaint Made By: [Mr./Mrs./Ms.] (Print Last Name) (First Name) (Middle)

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

Home Phone Number: ( ) Work Phone Number: ( )

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

Complaint is Directed Against: (Will generally be an Insurance Company or Agent)

Policy Type: [Life/Health/Auto/Property/Other]

Policyholder: Agent or Adjuster: (Circle One)

Policy or Claim #: (Circle One) Date of Loss: (If Claim)

Summary of Complaint: Please itemize and specifically discuss each problem. Copy of complaint will be sent to company/agent.

[Blank lines for writing the summary of complaint]

(An additional page should 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

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