



# DIFP

Department of Insurance,  
Financial Institutions &  
Professional Registration

# Consumer Complaint Report

MAIL TO

Missouri DIFP  
PO Box 690  
Jefferson City, MO 65102  
800-726-7390  
573-751-2640  
TDD: 573-526-4536

**My complaint is against** (one or more):  Insurance company  Agent/producer  Bail bond agent  Public adjuster

**Please complete all information** and enclose copies of correspondence and other papers that will help us investigate your complaint. Sign and date on back side at bottom. **Note:** A copy of this form and any of the enclosed information will be sent to the party you are complaining about. Send form and attachments to the above address.

## PLEASE PRINT, TYPE OR WRITE CLEARLY IN BLACK OR BLUE INK

### 1 COMPLAINANT INFO

Mr.  Ms.

LAST NAME FIRST MI

#### ADDRESS

STREET

CITY STATE ZIP CODE

COUNTY EMAIL

PHONE ( ) ( ) ( )  
HOME CELL WORK

RELATIONSHIP TO INSURED

### 2 INSURED INFO (Person with insurance problem)

AGE  1-24  25-49  50-64  65+

LAST NAME FIRST

#### ADDRESS

Leave STREET

blank if same as claimant CITY STATE ZIP CODE

#### EMPLOYER NAME

(if group health policy)

#### POLICY-HOLDER NAME

### 3 INFO ON COMPANY/PERSON THAT COMPLAINT IS ABOUT

NAME OF COMPANY OR INDIVIDUAL YOU ARE COMPLAINING ABOUT

#### ADDRESS

If known STREET

CITY STATE ZIP CODE

### 4 POLICY INFORMATION

GROUP or POLICY NUMBER ISSUE DATE

ID or CERTIFICATE NUMBER ISSUE DATE

CLAIM NUMBER DATE OF LOSS

AGENT NAME, if applicable

### 5 TYPE OF POLICY (Check one)

- |  |  |   |                                   |   |
|--|--|---|-----------------------------------|---|
| <input type="checkbox"/> Homeowners        | <input type="checkbox"/> Commercial auto   | <input type="checkbox"/> Group life     | <input type="checkbox"/> Annuity  | <input type="checkbox"/> Medigap (Med Supplement) |
| <input type="checkbox"/> Renters           | <input type="checkbox"/> Individual health | <input type="checkbox"/> Workers' comp  | <input type="checkbox"/> Bond     | Specify plan A-L _____                            |
| <input type="checkbox"/> Mobile homeowners | <input type="checkbox"/> Group health      | <input type="checkbox"/> Disability     | <input type="checkbox"/> Title    | <input type="checkbox"/> Commercial/Business      |
| <input type="checkbox"/> Private auto      | <input type="checkbox"/> Individual life   | <input type="checkbox"/> Long-term care | <input type="checkbox"/> Warranty | <input type="checkbox"/> Other _____              |

GO TO **BACK**

