



**Illinois Department of Insurance**  
**Consumer Complaint Form**  
**Auto / Home / Property / Commercial**

320 W. Washington Street  
 Springfield, IL 62767  
 Phone 866-445-5364  
 TDD 217-524-4872  
 Fax 217-558-2083  
 consumer\_complaints@ins.state.il.us

**Has this complaint been filed before?** Yes  No  If so, please provide complaint # \_\_\_\_\_

Complainant Name (Circle one: Mr. Mrs. Ms. Dr., etc.)			Date		
Address		City		State	Zip Code
Phone Number(s)			Email Address		
Individual completing this form (if different from above)				Relationship to Complainant Self <input type="checkbox"/> Other _____	
Name of Insurance Company/Agency my complaint is against					
Address		City		State	Zip
Insured/Policyholder (if different from complainant)				Policy Number	
State policy was issued in		Date of Loss		Claim Number	
<b>This complaint is against:</b> <input type="checkbox"/> My insurance company <input type="checkbox"/> My insurance agent <input type="checkbox"/> Insurance company of another individual					
<b>Insured/Complainant Authorization: (Signature Required)</b> I authorize the Department of Insurance to investigate my complaint and obtain all personal information necessary to conduct the investigation. <b>Please Note:</b> A complaint may only be filed by an insured, an individual attempting to reconcile a grievance against an insurance company, or their authorized representative.					
Insured/Complainant Signature: _____ Date _____					
<b>CANCELLATION / NON-RENEWAL: Complete this section ONLY if your complaint is regarding cancellation or non-renewal of your policy (for reasons other than non-payment of premium)</b>					
Original effective date of policy:			Date coverage did/will terminate:		
Is this a new or renewal policy?			Type of coverage (auto/home, etc.)		
You may be entitled to a hearing to appeal the cancellation or non-renewal of your policy. <u>Please attach a copy of the notice you received from your insurance company with this complaint form.</u>					
Do you wish to request a hearing?    Yes <input type="checkbox"/> No <input type="checkbox"/>					
Please describe your complaint (attach copies of all supporting documentation and use back of form if necessary)					

**Important Notice:** Complaints filed with the Department of Insurance are confidential records and will not be released to any third parties, except the policy owner or authorized representative, or the party against whom the complaint has been filed.

