

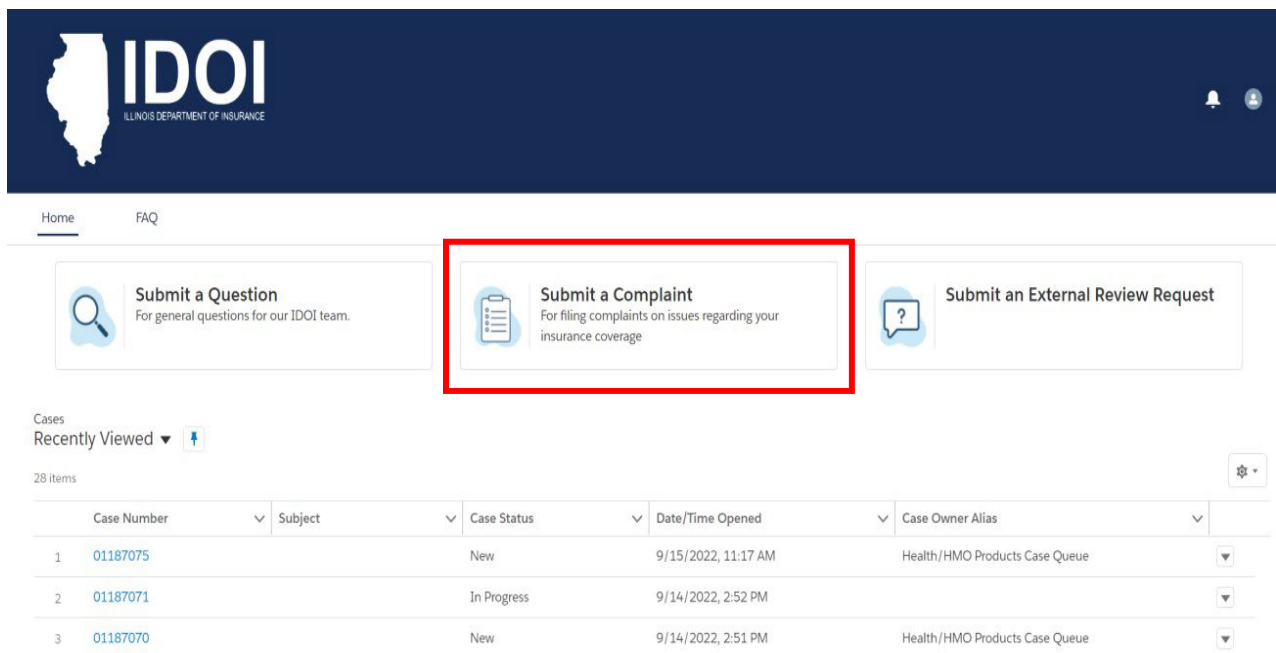
# IDOI Help Center

## How to Submit a Complaint

After logging into your account, you will be directed to your Home Page of the IDOI Help Center. From the Home Page, you can:

- Submit an Inquiry
- Submit a Complaint
- Submit an External Review
- View all Cases associated with your account
- Access a Frequently Asked Questions document

To submit a complaint, click on the **'Submit a Complaint'** button:



**IDOI**  
ILLINOIS DEPARTMENT OF INSURANCE

Home FAQ

**Submit a Question**  
For general questions for our IDOI team.

**Submit a Complaint**  
For filing complaints on issues regarding your insurance coverage

**Submit an External Review Request**

Cases  
Recently Viewed ▾

28 Items

	Case Number ▾	Subject ▾	Case Status ▾	Date/Time Opened ▾	Case Owner Alias ▾	
1	01187075		New	9/15/2022, 11:17 AM	Health/HMO Products Case Queue	▾
2	01187071		In Progress	9/14/2022, 2:52 PM		▾
3	01187070		New	9/14/2022, 2:51 PM	Health/HMO Products Case Queue	▾

# IDOI Help Center

## How to Submit a Complaint

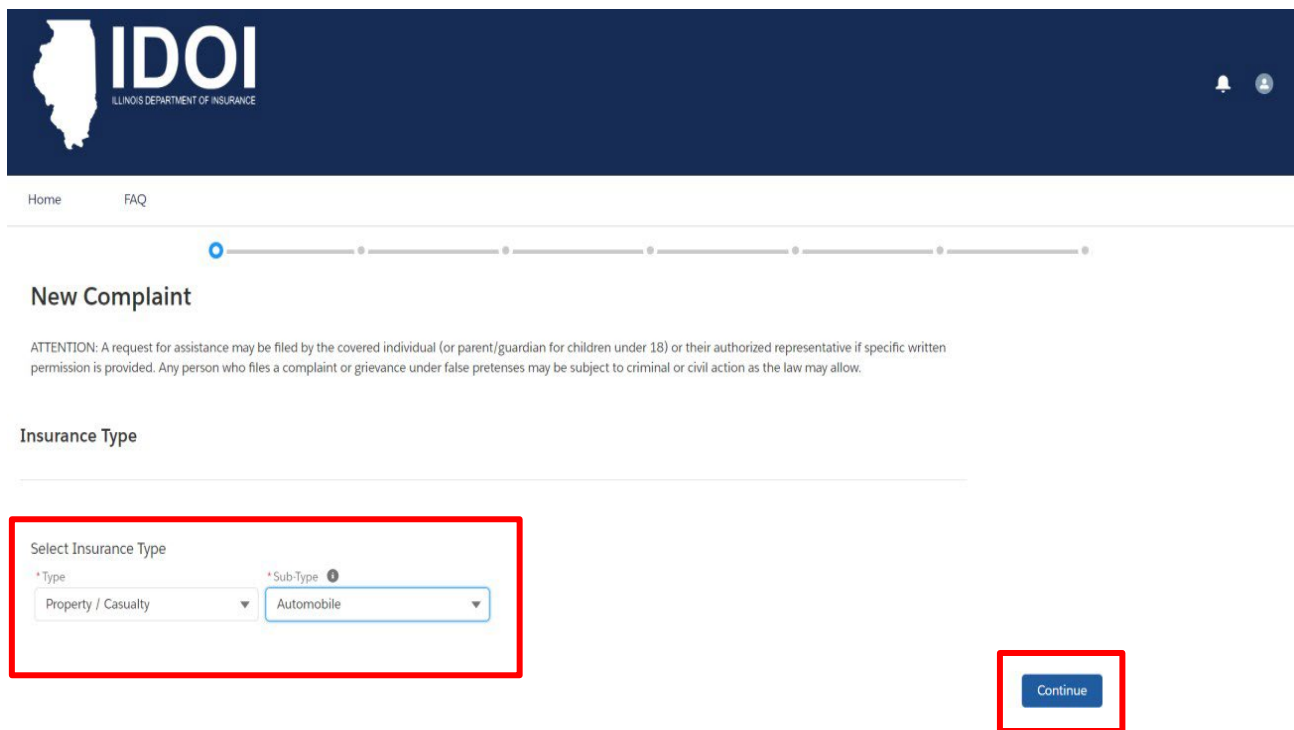
The first page you are directed to allows you to select the Type of Insurance your complaint is associated with. Insurance sub-type should be selected here as well.

The following are the three types of insurance options available:

- Health Insurance
- Life/Annuity/Long Term Care Insurance
- Property/Casualty Insurance

Dependent on the Type you choose, a list of sub-types will then be available to select.

After making your choices, press 'Continue' in the bottom right.



The screenshot shows the IDOI (Illinois Department of Insurance) website header with the logo and navigation links (Home, FAQ). Below the header is a progress bar with five steps, the first of which is active. The main heading is "New Complaint". A notice states: "ATTENTION: A request for assistance may be filed by the covered individual (or parent/guardian for children under 18) or their authorized representative if specific written permission is provided. Any person who files a complaint or grievance under false pretenses may be subject to criminal or civil action as the law may allow." The section is titled "Insurance Type". It contains two dropdown menus: "\* Type" with "Property / Casualty" selected, and "\* Sub-Type" with "Automobile" selected. A red box highlights these two dropdowns. To the right of the dropdowns is a blue "Continue" button, also highlighted with a red box.

**IDOI**  
ILLINOIS DEPARTMENT OF INSURANCE

Home FAQ

**New Complaint**

ATTENTION: A request for assistance may be filed by the covered individual (or parent/guardian for children under 18) or their authorized representative if specific written permission is provided. Any person who files a complaint or grievance under false pretenses may be subject to criminal or civil action as the law may allow.

**Insurance Type**

Select Insurance Type

\* Type: Property / Casualty

\* Sub-Type: Automobile

Continue

# IDOI Help Center

## How to Submit a Complaint

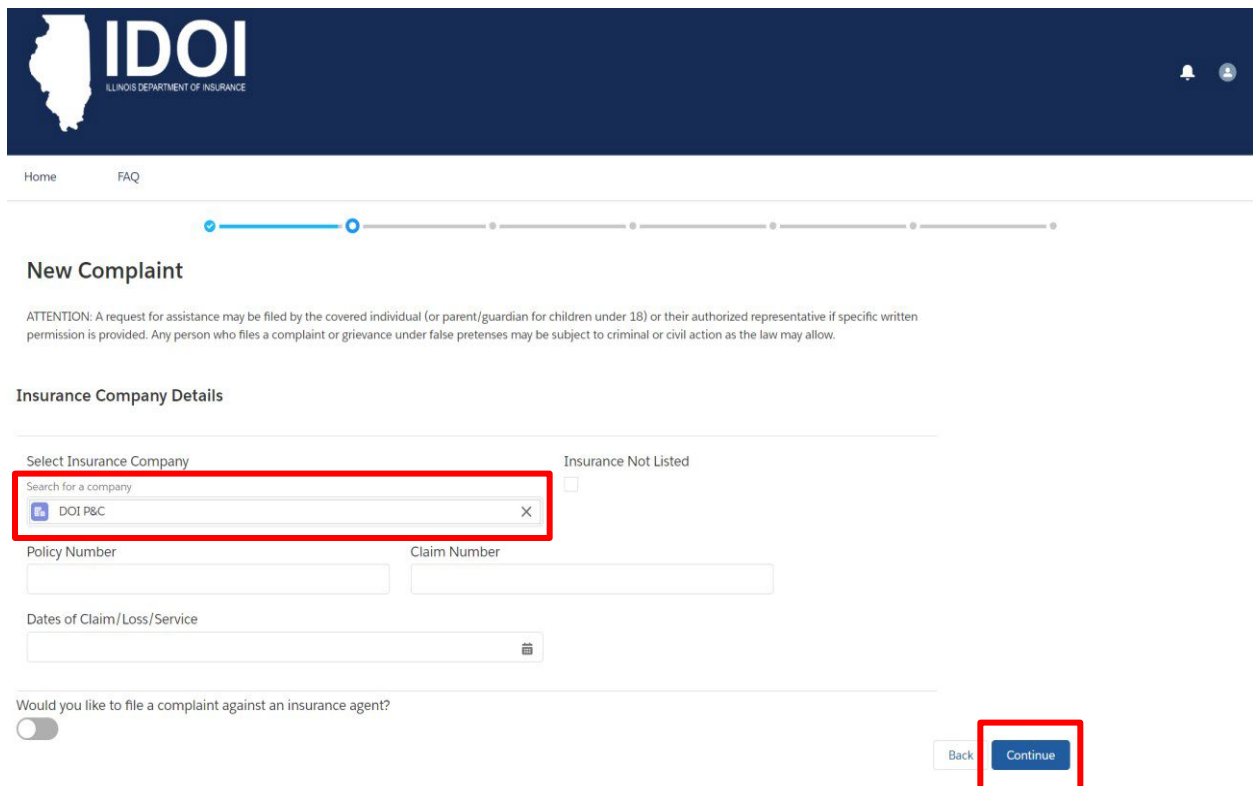
Next you are asked to provide details about the Insurance Company your complaint is against. There is a search field where you will type the name of the company. This will activate the systems search function and return possible matches based on the name you enter. **Choose the option that matches the company for which you wish to submit a complaint against.**

If your insurance company is not listed, check the box indicating as such and enter the information about the insurance company you wish to file a complaint against.

There are also optional fields that allow you to enter additional information if applicable such as: Policy Number, Claim Number and Date of Claim/Loss/Service.

In addition, if you would like to file a complaint against an insurance agent, slide the toggle button to expand the agent information section. You will be required to enter the Agent Company as well as the Agent's First and Last name.

After completing all necessary information, click '**Continue**' in the bottom right.



The screenshot shows the 'New Complaint' form on the IDOI website. The header includes the IDOI logo and navigation links for 'Home' and 'FAQ'. A progress bar indicates the current step. The form is titled 'New Complaint' and includes an attention notice. The 'Insurance Company Details' section has a 'Select Insurance Company' dropdown menu with 'DOI P&C' selected, highlighted by a red box. To the right is an 'Insurance Not Listed' checkbox. Below are input fields for 'Policy Number', 'Claim Number', and 'Dates of Claim/Loss/Service'. At the bottom, a toggle switch for 'Would you like to file a complaint against an insurance agent?' is shown. The 'Continue' button is highlighted with a red box.

**Home** **FAQ**

### New Complaint

ATTENTION: A request for assistance may be filed by the covered individual (or parent/guardian for children under 18) or their authorized representative if specific written permission is provided. Any person who files a complaint or grievance under false pretenses may be subject to criminal or civil action as the law may allow.

#### Insurance Company Details

Select Insurance Company ☐ Insurance Not Listed

Search for a company

DOI P&C

Policy Number

Claim Number

Dates of Claim/Loss/Service

Would you like to file a complaint against an insurance agent? ☐

[Back](#) [Continue](#)

# IDOI Help Center

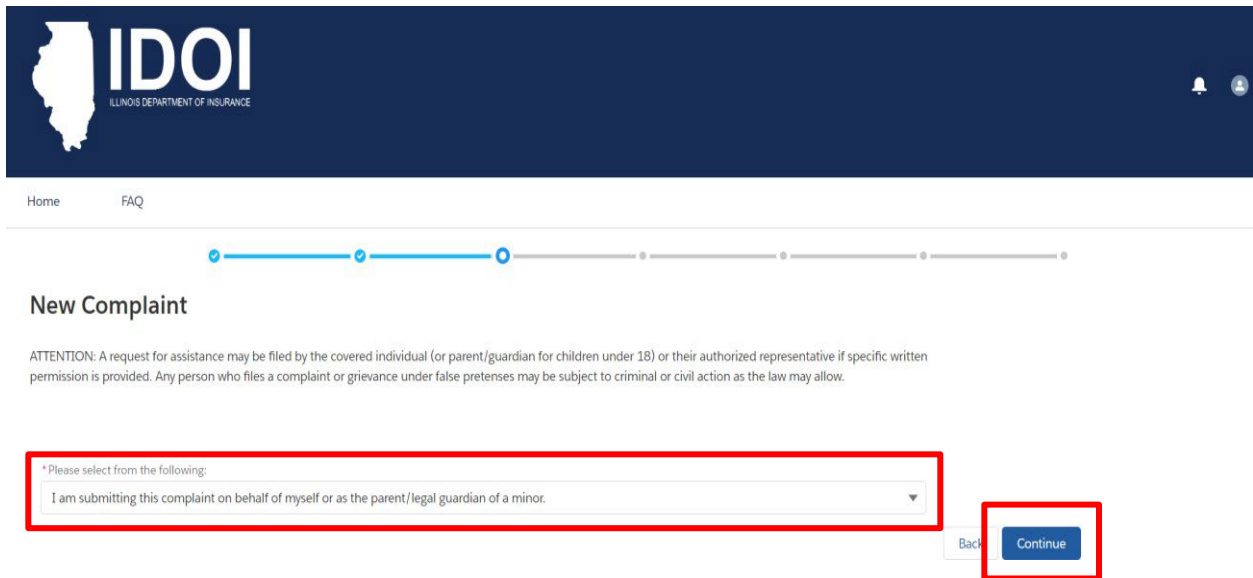
## How to Submit a Complaint

You will then be asked to indicate if you are submitting the complaint:

- On behalf of yourself or as the parent/legal guardian of a minor; or
- On behalf of another individual

**\*\*If you are submitting on behalf of another individual, you are required to complete and submit an Authorized Representative Form\*\***

After making your selection, click 'Continue' in the bottom right.



The screenshot shows the IDOI (Illinois Department of Insurance) website header with the logo and navigation links for Home and FAQ. Below the header is a progress bar with five steps, the first two of which are completed. The main heading is "New Complaint". A disclaimer states: "ATTENTION: A request for assistance may be filed by the covered individual (or parent/guardian for children under 18) or their authorized representative if specific written permission is provided. Any person who files a complaint or grievance under false pretenses may be subject to criminal or civil action as the law may allow." The form contains a dropdown menu with the text "Please select from the following:" and the selected option "I am submitting this complaint on behalf of myself or as the parent/legal guardian of a minor." To the right of the dropdown are "Back" and "Continue" buttons. Red boxes highlight the dropdown menu and the "Continue" button.

**IDOI**  
ILLINOIS DEPARTMENT OF INSURANCE

Home FAQ

**New Complaint**

ATTENTION: A request for assistance may be filed by the covered individual (or parent/guardian for children under 18) or their authorized representative if specific written permission is provided. Any person who files a complaint or grievance under false pretenses may be subject to criminal or civil action as the law may allow.

\* Please select from the following:

I am submitting this complaint on behalf of myself or as the parent/legal guardian of a minor.

Back Continue

# IDOI Help Center

## How to Submit a Complaint

Next you will enter information on the Insured individual. Here you will select your relationship to the

Insured. If 'Self' is chosen, you will be given the option to Autofill your information. This will automatically input information that is gathered from your IDOI Help Center account registration details. If any other is chosen, you will need to fill out all fields with an "\*" next to them. These fields are required to continue.

After all required information has been entered, click 'Continue' in the bottom right.

ILLINOIS DEPARTMENT OF INSURANCE

[Home](#) [FAQ](#)

### New Complaint

ATTENTION: A request for assistance may be filed by the covered individual (or parent/guardian for children under 18) or their authorized representative if specific written permission is provided. Any person who files a complaint or grievance under false pretenses may be subject to criminal or civil action as the law may allow.

#### Insured's Information

Please fill in the following fields with information regarding the person or entity who purchased the insurance policy.

\* Your relationship to the insured party:  
Self

Autofill your account information below?  
Yes

\* First Name  
test

Middle Initial

\* Last Name  
test

Firm Name (if applicable)

\* Mailing Street Address or Post Office Box  
1 test

Apt/Room/Suite

\* City  
springfield

\* State  
AZ

\* ZIP Code  
62702

\* Phone Number  
(217) 555-5555

Secondary Phone Number

\* Email Address  
test@test.com

Back

Continue

# IDOI Help Center

## How to Submit a Complaint

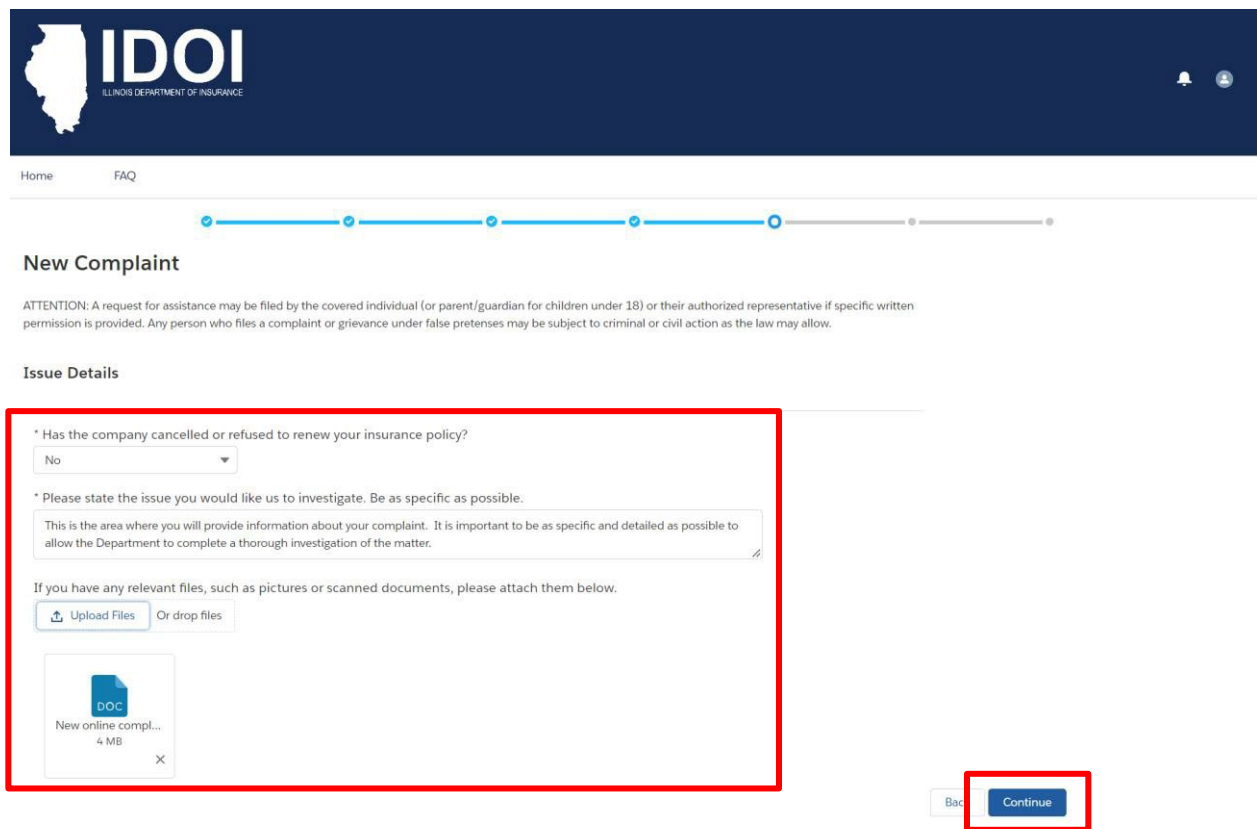
You are then directed to the page where you will enter the details of your complaint.

Depending on the type of insurance associated with your complaint, you may be required to identify whether the company canceled or refused to renew your insurance policy.

There is an open text box where you will enter the details of your complaint. Be as specific as possible and include as much information as necessary to allow the Department to complete a thorough investigation of the matter.

If you have any documents to support your complaint, those documents can be uploaded here.

After detailing your complaint and uploading any documents relevant to the issue, click 'Continue' in the bottom right.



Home FAQ

**New Complaint**

ATTENTION: A request for assistance may be filed by the covered individual (or parent/guardian for children under 18) or their authorized representative if specific written permission is provided. Any person who files a complaint or grievance under false pretenses may be subject to criminal or civil action as the law may allow.

**Issue Details**

\* Has the company cancelled or refused to renew your insurance policy?

No

\* Please state the issue you would like us to investigate. Be as specific as possible.

This is the area where you will provide information about your complaint. It is important to be as specific and detailed as possible to allow the Department to complete a thorough investigation of the matter.

If you have any relevant files, such as pictures or scanned documents, please attach them below.

Upload Files Or drop files

DOC  
New online compl...  
4 MB

Continue

Next you are directed to a Demographics page. ***\*\*This page is Optional\*\****.

After choosing to enter information, or not, click 'Continue' in the bottom right.

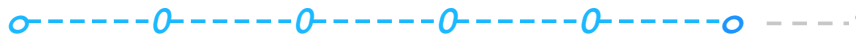
# IDOI Help Center

## How to Submit a Complaint



Home

FAQ



### NewComplaint

We want to understand how Illinois families are affected by insurance in our state. The following information is not required-- and will not affect whether or how we serve you.

#### Demographic Details (Optional)

Source(s) of Income

--None--

Job Status

--None

If Self-Employed

--None--

Employer State

--None

Employer Size (number of full-time employees)

--None--

Race/Ethnicity

--None

Gender

--None--

Veteran?

--None

Age of Insured Person

Number of Persons in Your Household

Do you have a specific health condition?


Back



Continue

# IDOI Help Center

## How to Submit a Complaint

You will be taken to the Summary Page where you can review all information you have entered on this complaint. If there is anything you need to change, select 'Edit' to be taken back to that section and make any edits necessary.

ILLINOIS DEPARTMENT OF INSURANCE



[Home](#) [FAQ](#)

### New Complaint

ATTENTION: A request for assistance may be filed by the covered individual (or parent/guardian for children under 18) or their authorized representative if specific written permission is provided. Any person who files a complaint or grievance under false pretenses may be subject to criminal or civil action as the law may allow.

#### Summary

Below is a summary of the information you input. Please review the information to make sure it is correct and click submit to submit your complaint.

#### Insurance Type

[Edit](#)

Insurance Type: Property / Casualty - Automobile

#### Insurance Company Details

[Edit](#)

Insurance Company: DOI P&C

Policy Number:

Claim Number:

Dates of Claim/Loss/Service:

Would you like to file a complaint against an insurance agent? No

#### Insured's Information

[Edit](#)

Your relationship to the insured party: Self

First Name: test

Middle Initial:

Last Name: test

Mailing Street Address or Post Office Box:  
1 test

Apt/Room/Suite:

City: springfield

State: Arizona

ZIP Code: 62702

Phone Number: (217) 555-5555





# IDOI Help Center

## How to Submit a Complaint

If there are no edits needed, or after completing any necessary edits, scroll down to the bottom of the Summary Page where you will see a disclaimer certifying that all information provided is accurate and complete to the best of your knowledge.

Click on the checkbox next to the disclaimer to provide certification.

To submit your request, you must certify that all of the information provided is accurate and complete to the best of your knowledge.

Check the box to submit your request.

☒

The information I have given in this complaint is true and accurate to the best of my knowledge and belief. I authorize any company, agency or licensee to release all information and documents (including protected health information) relating to this complaint to the Illinois Department of Insurance ("DOI"). I authorize the DOI to (a) review and release any information or documents provided (including protected health information) to any company, agency or licensee involved in this complaint, (b) obtain any additional information and documents (including protected health information) relating to this complaint and (c) share information and documents (including protected health information) received concerning the complaint with other state or federal governmental entities. If I am electronically signing this complaint as an authorized representative of the complainant, I hereby warrant that I am fully authorized by the complainant to file this complaint and to make the authorizations set forth above on behalf of the complainant.

Next, you will provide your electronic signature by typing in your full name and entering the current date.

Click 'Submit' in the bottom right to submit your complaint to the Illinois Department of Insurance.

\* Full Name

DOI Test

\* Date

Sep 16, 2022

Submit

# IDOI Help Center

## How to Submit a Complaint

You will receive the following notification that your complaint has been submitted. For details on the complaint process, including timeframe expectations, please refer to the following link:

[Understanding the Consumer Complaint Process](#)



[Home](#)

[FAQ](#)

✓ **Your complaint has been submitted!**

You can find the complaint file listed in the Case table on the Home Page. We will begin processing the complaint as soon as we can.

[Go Back to Home Page →](#)  
Check on the home page to see the status of your cases