



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
 doi.complaints@illinois.gov

Has this complaint been filed before? Yes No If so, please provide complaint # _____

Complainant Name (Circle one: Mr. Mrs. Ms. Dr., etc.)			Date of Loss		
Address		City		State	Zip Code
Phone Number(s)		Email Address			
Insured/Policyholder (if different from complainant)		State policy issued in	Policy Number		Claim Number
Address		City		State	Zip Code
Phone Number(s)		Email Address			
Individual completing this form		Relationship to Insured Self <input type="checkbox"/> Public Adjuster <input type="checkbox"/> Other _____			
Name of Insurance Company/Agency my complaint is against					
Address		City		State	Zip
This complaint is against: My insurance company <input type="checkbox"/> My insurance agent <input type="checkbox"/> Public Adjuster <input type="checkbox"/> Insurance company of other party (3 rd party) <input type="checkbox"/>					
Insured/Complainant Authorization: (Signature Required) I authorize the Department of Insurance to investigate my complaint and obtain all personal information necessary to conduct the investigation. Please Note: All complaints must be authorized/signed by the insured or 3 rd party. Complaints filed by anyone else must have the insureds signature. Insured/Complainant Signature: _____ Date _____					
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)					
Original effective date of policy:			Date coverage did/will terminate:		
Is this a new or renewal policy?			Type of coverage (auto/home, etc.)		
Please attach a copy of the notice you received from your insurance company with this complaint form. In addition to the complaint process you may qualify for a legal hearing before the Department if your documents are received at least 20 days prior to the policy termination date. To assure timeliness the Department encourages you to submit your complaint by email or our website. 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.

