



COMMONWEALTH OF MASSACHUSETTS
Office of Consumer Affairs and Business Regulation
DIVISION OF INSURANCE

1000 Washington Street • Suite 810 • Boston, MA 02118-6200
 (617) 521-7794 • FAX (617) 753-6830 • Toll-free (877) 563-4467
<http://www.mass.gov/doi/CSSComplaints@mass.gov>

CHARLES D. BAKER
GOVERNOR

KARYN E. POLITO
LIEUTENANT GOVERNOR

MIKE KENNEALY
SECRETARY OF HOUSING
AND ECONOMIC
DEVELOPMENT

EDWARD PALLESCHI
UNDERSECRETARY OF CONSUMER AFFAIRS
AND BUSINESS REGULATION

GARY D. ANDERSON
COMMISSIONER OF INSURANCE

INSURANCE COMPLAINT FORM

Before you file a complaint with the Massachusetts Division of Insurance, you should first contact the insurance company or producer in an effort to resolve the issue(s). If you do not receive a satisfactory response, then complete this form and attach copies of any important papers that relate to your complaint. Please mail or fax your completed form to the address shown above. **If your complaint involves ongoing litigation, DO NOT complete this form.**

Mr. Mrs. Ms.

Address:

City: _____ **State:** _____ **Zip:** _____

Phone #: _____ **E-mail:** _____

Is the complaint about your policy? No Yes

Which state did you reside in at the time this policy was purchased? _____

Whom is the complaint against? Please provide the exact name of the company or producer. _____

Group/certificate #(If Applicable): _____ Policy/ID #: _____

Claim #: _____ Date of Loss: _____

Please note, in order to process your complaint in a timely manner, please be sure to include the name of insurance company, your policy number and claim numbers.

Type of Insurance (check one):

Bond	Title	Long-Term Care	Renters	Disability
Life	Health	Private Auto	Homeowners	Workers Comp
Annuity	Medigap	Commercial Auto	Mobile Homeowners	
Trip Cancellation	Other			

Have you reported this to the Attorney General's Office, the Office of Consumer Affairs and Business Regulation or any other government agency? No Yes If yes, please provide:

Name of agency: _____ File #: _____

DETAILS OF YOUR COMPLAINT

You may send additional complaint details and/or copies of important documents that relate to your complaint to CSSComplaints@mass.gov.

By Entering my name below, I certify that: (required)

I authorize the release of any information regarding this complaint. I acknowledge that **complaints and inquiries filed with the Division of Insurance are public record and may be available for review upon request.** I authorize the Division of Insurance to send a copy of this complaint and related material to any company, producer, or licensee. I authorize the Division of Insurance to refer this complaint to any government agency when deemed appropriate by the Division of Insurance.

SIGNATURE: _____ DATE: _____