

CUSTOMER COMPLAINTS FORM

GEN 288

Official Use Only:

Reference #:

Received by:

Date Received:

Date Entered on Register:

1. Complainant Information

Name of Complainant			
Address			
Telephone Contact:		E-mail:	

2. Account / Insurance Information

Policy No. (s):	Date of Loss:		
Client No.			
Policy Type	<input type="checkbox"/> Group	<input type="checkbox"/> Individual	<input type="checkbox"/> Annuity
	<input type="checkbox"/> Life	<input type="checkbox"/> Health	<input type="checkbox"/> Disability
	<input type="checkbox"/> Other (please state):		
Agent's Name:			

3. Details of Complaint

(Please check all that apply, give a brief explanation of the problem and attach copies of supporting documents, if necessary)

<input type="checkbox"/> Claim denial	<input type="checkbox"/> Claim delay	<input type="checkbox"/> Billing problem	<input type="checkbox"/> Unsatisfactory Claim Settlement
<input type="checkbox"/> Refusal to insure	<input type="checkbox"/> Poorservice	<input type="checkbox"/> Agent	<input type="checkbox"/> Cancellation/Non-renewal
<input type="checkbox"/> Misrepresentation	<input type="checkbox"/> Lapse	<input type="checkbox"/> Product	<input type="checkbox"/> Other (please state):

Explanation:

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4. Questions

What actions do you want us to take?

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Signature of Complainant:	Date:
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FOR OFFICIAL USE ONLY

(to be completed by the Complaint Administrator/Assigned Person)

How Received:			
<input type="checkbox"/> Mail	<input type="checkbox"/> Telephone	<input type="checkbox"/> Fax	<input type="checkbox"/> E-mal
<input type="checkbox"/> Direct	<input type="checkbox"/> Website	<input type="checkbox"/> Regu	Other (please state):
5. Assigned to:			
Name of Person:			
Department:			
Report Received:			
Date Substantive Report/Resolution requested:		Date Substantive Report/Resolution received:	
6. Communicated to Complainant:			
<input type="checkbox"/> Acknowledgement letter sent: // //			
<input type="checkbox"/> Holding/Status lettersent:////			
<input type="checkbox"/> Substantive Response letter sent:////			
<input type="checkbox"/> Client Agreed: Yes <input type="checkbox"/> No <input type="checkbox"/>			
<input type="checkbox"/> Final decision communicated////			
7. Satisfaction of Client			
Complainant Satisfied:		Yes <input type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
Signature of Complaints Administrator:		Date:	
8. Referred to the OFSO/ FSC/ CF			
Date letter received:		Reference:	