

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-mail
<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:
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6. Communicated to Complainant:

Acknowledgement letter sent: // //

Holding/Status lettersent: // //

..... Substantive Response letter sent: // //

Client Agreed: Yes No

Final decision communicated // //

7. Satisfaction of Client

Complainant Satisfied: | Yes No N/A

Signature of Complaints Administrator:	Date:
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8. Referred to the OFSO/ FSC/ CF

Date letter received:	Reference:
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