



CONSUMER COMPLAINT FORM

The *Insurance Councils of Saskatchewan* assist consumers in resolving disputes which relate to insurance transactions occurring in Saskatchewan.

The Councils request that you attempt to resolve your complaint with the insurance agent and/or insurance company before filling out and forwarding this form.

Please note that the Councils cannot force an insurance agent to resolve your complaint or give you compensation. As such, you may wish to consult with your lawyer with respect to your complaint.

1. Complainant

[Empty text box for Complainant's Full Name]

(Complainant's Full Name)

[Empty text box for Complainant's Full Address]

(Complainant's Full Address: Include City/Town, Province and Postal Code)

[Empty text box for Home Telephone Number]

(Home Telephone Number)

(Business Telephone Number)

Complaint Information

2. Name, Address and Telephone Number of the Agent:
[Empty text box for Agent Information]

Type of Policy: Travel Insurance Property Insurance
 Group Life Insurance Name of Employer (If Group Policy): _____
 Individual Life Insurance
 Crop Hail Insurance

Policy Number: _____ Certificate Number: _____

Policy Holder's Name: _____

3. Have you attempted to resolve your complaint with the agent? Yes
 No

If no, please indicate why:

4. Have you spoken to the agent or the insurance company regarding your complaint? Yes
 No

If yes, indicate the name of the person(s) you spoke to and their telephone number if you have it.

5. Attach a copy of your policy, if available, and copies of any correspondence or other papers in your possession which may be of assistance, including any letter(s) you may have sent to or received from the agent.

6. Provide a brief description of your complaint including relevant dates. *(If more space is needed, attach a separate sheet.)*

7. What do you consider to be a fair resolution of your complaint?

8. Name, Address and Telephone Number of contact person, if other than complainant (*Include: name and address in full and a daytime telephone number.*)

9. Have you completed #'s 1 to 8 of this form and attached the documentation required in #5?

Authorization Form – Disclosure of Information – Important Notice

1. The following is an authorization that you must sign to allow the Insurance Councils of Saskatchewan “Council” to use and disclose your personal information to particular persons and entities. Please read it over carefully. If you have any questions about this form, please call or write to the address and telephone number indicated on the front of the complaint form.
2. The information on the complaint form is being collected by the Council under the authority of *The Saskatchewan Insurance Act*. By signing this form, you are consenting to the Council and employees of the Council to use and disclose the personal information contained in the complaint form and any additional information that you supply as follows:
 - For the purpose of administering and enforcing *The Saskatchewan Insurance Act*, Insurance Council Regulations and Council Bylaws;
 - For the purpose of investigating and resolving a complaint; and
 - For any other purpose for which the information was obtained or for a use consistent with that purpose.
3. In particular, you are consenting to the use and disclosure of the personal information you have provided to the following persons or entities:
 - The insurance company and/or the agent with whom you have the complaint;
 - Government ministries, agencies, boards or commissions;
 - Self-regulatory agencies or associations (such as the Mutual Fund Dealer’s Association);
 - Compensation associations (such as the Property and Casualty Insurance Compensation Corporation or the Canadian Life and Health Insurance Compensation Corporation) or deposit insurance providers (such as Canada Deposit Insurance Corporation);
 - Law enforcement agencies;
 - Insurance agents, brokers or adjusters related to your complaint;
 - Your employer, if your complaint involves your employer.

I hereby authorize Council to use and disclose the information I have submitted about my complaint to the persons and entities listed in clause 3, as required.

Date

Complainant's Signature

*Signature of Individual Completing Form
(if other than Complainant)*

Please note that if you are submitting this complaint form on behalf of the complainant, the complainant must sign this authorization form.

Return your completed, signed complaint form and authorization form by facsimile, mail, or hand delivery to the Insurance Councils of Saskatchewan at the address indicated on the top of the complaint form.