

CONSUMER COMPLAINT FORM

Received Date

The **Insurance Councils of Saskatchewan (“Council”)** assists consumers in resolving disputes which relate to insurance transactions occurring in Saskatchewan.

Council requests 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 Council 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:

Complainant’s Full Name:	
Complainant’s full address: Include City/Town, Province, and Postal Code	
Home Phone Number:	Business Phone Number:
Cell Phone Number:	Email Address:

2. Complaint Information:

Full Name of Agent:	
Address: Include City/Town, Province, and Postal Code	
Phone Number:	Email Address:
Type of Policy <input type="checkbox"/> Travel Insurance <input type="checkbox"/> Crop Hail Insurance <input type="checkbox"/> Life Insurance <input type="checkbox"/> Property Insurance	
Policy Number:	Certificate Number:
Policy Holder’s name:	

4. Provide copies of any related documentation that supports your concerns. If available, attach a copy of your policy 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.

5. Authorization Form – Disclosure of Information – Important Notice

1. The following is an authorization that you must sign to allow 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 the address and telephone number indicated on the front of the complaint form.

2. The information on the complaint form is being collected by Council under the authority of *The Saskatchewan Insurance Act*. By signing this form, you are consenting to Council and the employees of 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 Insurance 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 and 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 Mutual Fund Dealer’s Association);
 - Compensation associations (such as the Property and Casualty Insurance 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 submitted about my complaint to the persons and entities listed above in clause 3, as required.

Date

Complainant’s Signature

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