

Consumer Insurance Services

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CIS.Complaints@state.tn.us

CONSUMER COMPLAINT FORM

Please complete this form and fax or mail it back to us. We will inform you of your assigned investigator once your file has been set-up. You may wish to provide documentation that supports your complaint. **Please do not send originals!**

Complainant Information

Prefix	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.	File Number:	Assign:
First Name		Last Name:	
Business Name:	Include Business Name only if applicable:		
Street Address			
City		State:	Zip Code
Phone Numbers	Daytime/Alternate		
Email Address		County (TN only)	
Age Group	<input type="checkbox"/> Under 25 <input type="checkbox"/> 25 to 49 <input type="checkbox"/> 50 to 64 <input type="checkbox"/> Over 65 <input type="checkbox"/> Not Applicable		

Insurance Information

My Complaint is against:	<input type="checkbox"/> my ins. co; <input type="checkbox"/> my agent; <input type="checkbox"/> other party's ins co; <input type="checkbox"/> other:		
Type of Coverage:	<input type="checkbox"/> Auto; <input type="checkbox"/> Homeowners; <input type="checkbox"/> Life; <input type="checkbox"/> Health; <input type="checkbox"/> other:		
Insurance Company:		Agent:	
Date of loss or incident		Agent's Phone No (if against agent)	
<u>If</u> Policy was terminated:	Cancellation Date:	Effective Date:	
Adjuster's Name (if applicable):		Insured (if not you):	
Company Reference:	<input type="checkbox"/> Policy; <input type="checkbox"/> Claim number (provide one):		
Reason(s) for Complaint:	<input type="checkbox"/> Claim Denial	<input type="checkbox"/> Claim Delays	<input type="checkbox"/> Low settlement offer
<input type="checkbox"/> Premium & Rating	<input type="checkbox"/> Premium Billing	<input type="checkbox"/> Premium Refund	<input type="checkbox"/> Information Requested
<input type="checkbox"/> Cancellation	<input type="checkbox"/> Non-renewal	<input type="checkbox"/> Rate Classification	<input type="checkbox"/> Policy Delivery
<input type="checkbox"/> Other (Describe)			

