



Illinois Department of Insurance
Consumer Complaint Form
Auto / Home / Property / Commercial

320 W. Washington Street
 Springfield, IL 62767
Phone 866-445-5364
TDD 217-524-4872
Fax 217-558-2083
 mc.insurance.illinois.gov

Attention: A complaint may only be filed by an insured, an individual attempting to reconcile a grievance against an insurance company, or their authorized representative.

Insured/Complainant Name - Individual with insurance issue (Mr. Ms. Mrs. Dr., etc.)			Date		
Address		City		State	Zip Code
Phone Number(s)		Email Address			
Name of the insurance company/agency my complaint is against			Policyholder (if different from above)		
Address of insurance company/agency				Policy Number	
Has this complaint been filed before? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide complaint #:		State policy issued in	Date of Loss	Claim Number	
Individual completing this form (if different from above)			Relationship to insured/complainant named above		
Address		City		State	Zip Code
Phone Number(s)		Email Address			

Cancellation or Nonrenewal for reasons other than non-payment of premium

Original effective date of policy		Date coverage did/will terminate	
Is this a new or renewal policy		Type of coverage (auto / home, etc.)	
You may be entitled to a hearing to appeal the cancellation or non-renewal of your policy. Please attach a copy of the notice you received from your insurance company with this complaint form.			
Do you wish to request a hearing Yes: <input type="checkbox"/> No: <input type="checkbox"/>			

Insured/Complainant Authorization:

I authorize the Department of Insurance to investigate my complaint and obtain all personal information necessary to conduct the investigation.

Insured/Complainant Signature: _____ Date _____

Please describe your complaint (attach copies of all supporting documentation and use back of form if necessary)

Important Notice: Complaints filed with the Department of Insurance are confidential records and will not be released to any third parties, except the policy owner or authorized representative, or the party against whom the complaint has been filed.

