



**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  
 DOI.Complaints@illinois.gov

**Has this complaint been filed before?** Yes  No  If so, please provide complaint # \_\_\_\_\_

<b>Complainant Name</b> (Circle one: Mr. Mrs. Ms. Dr., etc.)			Date		
Address		City		State	Zip Code
Phone Number(s)			Email Address		
<b>Individual completing this form (if different from above)</b>				Relationship to Complainant Self <input type="checkbox"/> Other _____	
<b>Name of Insurance Company/Agency my complaint is against</b>					
Address		City		State	Zip
<b>Insured/Policyholder (if different from complainant)</b>				<b>Policy Number</b>	
<b>State policy was issued in</b>		<b>Date of Loss</b>		<b>Claim Number</b>	
<b>This complaint is against:</b> <input type="checkbox"/> My insurance company <input type="checkbox"/> My insurance agent <input type="checkbox"/> Insurance company of another individual					
<b>Insured/Complainant Authorization: (Signature Required)</b> I authorize the Department of Insurance to investigate my complaint and obtain all personal information necessary to conduct the investigation. <b>Please Note:</b> 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 Signature: _____ Date _____					
<b>CANCELLATION / NON-RENEWAL: Complete this section ONLY if your complaint is regarding cancellation or non-renewal of your policy (for reasons other than non-payment of premium)</b>					
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. <u>Please attach a copy of the notice you received from your insurance company with this complaint form.</u> Do you wish to request a hearing?    Yes <input type="checkbox"/> No <input type="checkbox"/>					
Please describe your complaint (attach copies of all supporting documentation and use back of form if necessary)					

