



New York State Insurance Department
Consumer Services Bureau

25 Beaver Street
New York, NY 10004
(212) 480-6400
Fax (212) 480-4735

One Commerce Plaza
Albany, NY 12257
(800) 342-3736
Fax (212) 480-4735

Name	Complaint Is Against
Address-Number And Street	Address-Number And Street
City State Zip	City State Zip
Telephone Number Including Area Code	Complaint Is Against
On Behalf Of	Address-Number And Street
Policy/Claim Number/Date of Loss	City State Zip

The Insurance Department investigates insurance complaints involving **licensed** insurance entities.

The Insurance Department **cannot**: Act as your lawyer, give legal advice, recommend, or rate insurers.

Use the other side of this form to provide us with the details of your complaint or inquiry. Include **copies** of papers or photos you believe will assist us. **Do not send originals!**

You will receive a written acknowledgment with your file number(s) by mail. If you wish to send further correspondence, please include that number. If you fail to do so, it may slow down the processing of your complaint.

I authorize the respondent to furnish to the Insurance Department any information related to this matter. I am enclosing copies of any correspondence or other papers which I feel would help your investigations. I understand that a copy of this form and any or all of the enclosed information may be sent to the respondent.

Signature _____ Date: _____

