



**COMMONWEALTH OF MASSACHUSETTS**  
**Office of Consumer Affairs and Business Regulation**  
**DIVISION OF INSURANCE**

1000 Washington Street • Suite 810 • Boston, MA 02118-6200  
 (617) 521-7794 • FAX (617) 753-6830 • Toll-free (877) 563-4467  
<http://www.mass.gov/doi/CSSComplaints@mass.gov>

**MAURA HEALEY**  
GOVERNOR

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COMMISSIONER OF INSURANCE

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LIEUTENANT GOVERNOR

**INSURANCE COMPLAINT FORM**

Before you file a complaint with the Massachusetts Division of Insurance, you should first contact the insurance company or producer in an effort to resolve the issue(s). If you do not receive a satisfactory response, then complete this form and attach copies of any important papers that relate to your complaint. Please mail or fax your completed form to the address shown above.

**If your complaint involves ongoing litigation, DO NOT complete this form.**

**Mr.    Mrs.    Ms.**

**Address:**

**City:**

**State:**

**Zip:**

**Phone #:**

**E-mail:**

Is the complaint about your policy?    No    Yes

Which state did you reside in at the time this policy was purchased? \_\_\_\_\_

Whom is the complaint against? Please provide the exact name of the company or producer. \_\_\_\_\_

Group/certificate #(If Applicable):

Policy/ID #:

Claim #:

Date of Loss/Service:

*Please note, in order to process your complaint in a timely manner, please be sure to include the name of insurance company, your policy number and claim numbers.*

**Type of Insurance (check one):**

<b>Bond</b>	<b>Title</b>	<b>Long-Term Care</b>	<b>Renters</b>	<b>Disability</b>
<b>Life</b>	<b>Health</b>	<b>Private Auto</b>	<b>Homeowners</b>	<b>Workers Comp</b>
<b>Annuity</b>	<b>Medigap</b>	<b>Commercial Auto</b>	<b>Mobile Homeowners</b>	
<b>Trip Cancellation</b>	<b>Other</b>			

Have you reported this to the Attorney General's Office, the Office of Consumer Affairs and Business Regulation or any other government agency? No    Yes    If yes, please provide:

Name of agency:

File #:

## **DETAILS OF YOUR COMPLAINT**

Please be sure to include all relevant information when you submit your complaint. If you need to send additional documents, please email them to [CSSComplaints@mass.gov](mailto:CSSComplaints@mass.gov). If you do not have email access, you may mail additional documents to the address listed above on this form.

By Entering my name below, I certify that: (required)

By submitting this consumer complaint, I certify that all the above information is true and correct to the best of my knowledge. I authorize the Massachusetts Division of Insurance to send a copy of this complaint and related material to any company, producer, or licensee to investigate my complaint, and/or to refer this complaint to any government agency as necessary.

I acknowledge that complaint files are public record pursuant to Massachusetts law once the complaint file is closed and may be released upon request. The Division of Insurance will maintain the confidentiality of any personally identifiable information and personal health information to the extent required by law.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_