



OFFICE OF INSURANCE AND SAFETY FIRE COMMISSIONER

COMMISSIONER OF INSURANCE • INDUSTRIAL LOAN COMMISSIONER • SAFETY FIRE COMMISSIONER • COMPTROLLER GENERAL

John W. Oxendine, Commissioner

2 Martin Luther King Jr., Dr., Suite 716, West Tower, Atlanta, GA 30334
Phone: 404-656-2070 ♦ TDD: 404-656-4031 ♦ Fax: 404-657-8542
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www.gainsurance.org

CONSUMER SERVICES
GID-CS-CF-1 MAY09

COMPLAINT FORM

Type of Insurance:

- Automobile
- Homeowners
- Life & Annuity
- Accident & Health
- Commercial
- Miscellaneous

FOR OFFICIAL USE ONLY:

OPEN / CLOSED DATE: _____	FIELD INVESTIGATOR: _____	CASE#: _____
SOURCE: _____	INCIDENT GROUP: _____	REASON: _____
DISPOSITION: _____	TYPE: _____	NAIC#: _____

COMPLAINANT INFORMATION

NAME: _____

ADDRESS: _____

COUNTY: _____

HOME PHONE: _____

WORK PHONE: _____

CELL PHONE: _____

EMAIL: _____

INSURED INFORMATION

(If different from complainant)

NAME: _____

ADDRESS: _____

COUNTY: _____

HOME PHONE: _____

WORK PHONE: _____

CELL PHONE: _____

EMAIL: _____

INSURANCE COMPANY INFORMATION

COMPANY NAME: _____

TELEPHONE: _____

POLICY NO.: _____

CLAIM NO.: _____

DATE OF LOSS: _____

POLICY PERIOD: _____

ID. NUMBER: _____

AGENCY/ADJUSTER INFORMATION

AGENCY NAME: _____

AGENT/ADJUSTER NAME: _____

ADDRESS: _____

PHONE: _____

Explain your complaint fully in the order of events. Use the back of this form or additional sheets if necessary.

Authorization & Release: By signing below, I hereby authorize Commissioner John Oxendine and members of his staff to receive and disclose such information, including protected health or financial information, as they may deem necessary and appropriate for purposes of making inquiries into the subject matter contained herein and all matters related thereto. I further acknowledge that the information contained in this form is accurate to the best of my knowledge. A copy of this request may be shared with any/all parties involved.

_____ Date _____ Signature



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JOHN W. OXENDINE
COMMISSIONER OF INSURANCE
SAFETY FIRE COMMISSIONER
INDUSTRIAL LOAN COMMISSIONER
COMPTROLLER GENERAL

SEVENTH FLOOR, WEST TOWER
FLOYD BUILDING
2 MARTIN LUTHER KING, JR., DRIVE
ATLANTA, GEORGIA 30334
(404) 656-2056 TDD#(404)656-4031
www.gainsurance.org

Memorandum

To: Consumers

From: Consumer Services Division

Re: Instructions for completing CCF (Consumer Complaint Form, GID-CS-CF-1)

Please use the complaint form attached when mailing or faxing your insurance issues to the department.

- Please include your e-mail address for communication purposes
- Complete form along with date and signature
- Attach copies of pertinent documents to support your complaint
- Maintain originals for your records
- Mail or fax (not both) the completed form and all documents to the address below.

On receipt of your complaint, a case will be created and assigned to an investigator in the Consumer Services Division. You will receive an acknowledgement letter stating your case number and the name of your investigator.

Once a response is received from the carrier, the investigator will notify you with a written response. Please allow adequate time for the process.

Mailing address: Georgia Insurance Commissioner's Office
Consumer Services Division
2 Martin Luther King Jr., Drive
Suite 716 West Tower
Atlanta, GA 30334