Bureau of Insurance

Property and Casualty Complaint Form

P.O. Box 1157
Richmond, VA 23218
File your complaint form
1-877-310-6560 or
804-371-9185
Fax Number:
804-371-9349

Name: _____ _____ ____ _____
Last First M.I. Suffix

☐ Mr. ☐ Mrs. ☐ Ms.

Address: _____ _____ _____ _____
Street City State Zip Code

Telephone No.: _____ _____ _____
Area Code + Home Area Code + Work Area Code + Cell

If you are not the insured or the person on whose behalf this complaint is being filed, please tell us who is and explain your relationship.

_____

I am complaining against:

My insurance company:

_____
Name of Insurance Company or Agent

_____
Insurance Company Address or Agency Address, if known

_____
Policy Number and/or Claim Number

Other party's information:

_____
Name of Other Party's Insurance Company

_____
Name of Other Party

_____
Policy Number and/or Claim Number

Date of Loss: _____

Type of Insurance:

☐ Auto ☐ Home ☐ Other

Describe your complaint. Attach a separate sheet if necessary, and enclose copies of all correspondence or other papers relating to this matter that may assist the Bureau of Insurance in its evaluation of your complaint.

How would you like your complaint resolved?

I understand and agree that a copy of this form and any or all of the enclosed information may be provided to the party complained against, other regulated entities, or the appropriate state or federal agency. I also authorize the insurance company to release all medical records relating to this complaint to the Bureau of Insurance, and I authorize the Bureau of Insurance to release medical records relating to this complaint to the insurance company. I also agree that by signing this form I authorize the Bureau of Insurance to obtain any information required to evaluate my complaint.

Date: _____ Signature: _____