



Bureau of Insurance

Property and Casualty Complaint Form



P.O. Box 1157 Richmond, VA
23218

scc.virginia.gov/pages/Insurance

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: _____