



Insurance Council of Manitoba Consumer Complaint Form

Mailing Address: Suite 466 - 167 Lombard Avenue Winnipeg, Manitoba R3B 0T6
E-mail Address: contactus@icm.mb.ca Telephone: (204) 988-6800 Fax: (204) 988-6801

1. Complainant:

Complainant's Full Name: _____

Complainant's Full Address: _____
(Include Street Address, City/Town, Province and Postal Code)

Home Telephone Number: _____ **Work Telephone Number:** _____

Cell Phone Number: _____ **Email** _____

2. Complaint Information:

Name of Agent or Adjuster: _____

Agency/Company (if applicable): _____

Mailing Address: _____
(Include Street Address, City/Town, Province and Postal Code)

Type of Policy: **Life and/or Accident and Sickness**
 Property Insurance
 Other _____

Policy Number: _____ **Insurance Company:** _____

3. Have you spoken to the agent or the insurance company regarding your complaint?

If yes, indicate the name of the person(s) you spoke to and their contact information:

4. Attach a copy of your policy, if available, and copies of any correspondence or other papers in your possession which may be relevant to your complaint, including any letters you may have sent or received from the agent or adjuster.

6. Authorization – Disclosure of Information – Important Notice

The following is an authorization that you must sign to allow the Insurance Council of Manitoba (the “Council”) to collect and use your personal information and, if necessary, to reasonably disclose it to particular persons and entities. Please read it over carefully. If you have any questions about this authorization, please call or write to the address and telephone number indicated on the front of the complaint form.

The information on the complaint form is being collected by the Council under the authority of *The Insurance Act* of Manitoba. By signing this form, you are consenting to the Council and its employees using and disclosing the personal information contained in the complaint form and any additional information that you supply, generally:

- For the purpose of its investigating function
- For the purpose of administering *The Insurance Act* of Manitoba and Regulations made thereunder
- For the purposes of enforcing *The Insurance Act* and Regulations made thereunder, and the administration and enforcement of any other applicable laws

In particular you are also consenting to the reasonable and necessary disclosure of the personal information you have provided, and may provide, to the following persons or entities:

- The insurance company and/or the agent or adjuster with whom you have conducted business and about whom you make complaint
- Insurance agents, brokers or adjusters involved in aspects of your complaint
- Government ministries, agencies, boards or commissions with functions to investigate or administer or enforce applicable laws
- Self-regulatory agencies or associations with recognized authority to investigate or administer or enforce applicable laws

I hereby authorize the Council to collect, use and make reasonable and necessary disclosure of the information I have submitted and any additional information I may submit about my complaint. I further understand that information may also be obtained from an insurance company, or any other source the Council deems appropriate and necessary in order to investigate this complaint.

Date

Complainant’s Signature

IMPORTANT: If you are completing this complaint form on behalf of another person, the person to whom the complaint relates must sign this authorization as the Complainant. Please provide information as follows:

Print Name of individual completing form
(If other than complainant)

Signature of individual completing form

Date

Relationship to Complainant

Contact Information (Mailing address, home and business telephone, email)

Please return your completed, signed complaint form and authorization to the Insurance Council of Manitoba at the address indicated on the top of the complaint form.