



# OFFICE OF INSURANCE AND SAFETY FIRE COMMISSIONER

**RALPH T. HUDGENS**  
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.oci.ga.gov](http://www.oci.ga.gov)

## Instructions for Completing the Consumer Complaint Form

---

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.
- Type or Print legibly in blue or black ink to avoid unnecessary delays in processing your complaint.
- Clearly state the full name of the company or third party administrator against whom you are lodging your complaint. (Do not abbreviate the company's or third party administrator's name, as this may cause delays in identifying the correct company.)
- The completed form must be signed and dated.
- Attach copies of pertinent documents to support your complaint.
- Maintain originals for your records and only send copies to us.
- Mail or fax (not both) the completed form and all documents to:

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

Fax: (404) 657-8542

Upon 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 or third party administrator, the investigator will notify you with a written response. Please allow adequate time for the process (a minimum of ten business days from the time you receive our acknowledgement letter).

---

If you are a Health Care Provider, please do not use the *Consumer Complaint Form* on provider issues. You can obtain the *Provider Complaint Form* by contacting our Managed Care Unit at (404) 656-2070.

Rev. 03/2011



OFFICE OF INSURANCE AND SAFETY FIRE COMMISSIONER

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

Ralph T. Hudgens, 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

E-mail: Consumer@oci.ga.gov



www.oci.ga.gov

CONSUMER SERVICES

GID-CS-CF-1 OCT11

CONSUMER COMPLAINT FORM

Type of Insurance:

- Automobile Homeowners Life & Annuity Accident & Health Commercial Miscellaneous

FOR OFFICIAL USE ONLY:

Form with fields for OPEN / CLOSED DATE, SOURCE, DISPOSITION, FIELD INVESTIGATOR, INCIDENT GROUP, TYPE, CASE#, REASON, NAIC#

PLEASE TYPE OR PRINT LEGIBLY IN BLUE OR BLACK INK

COMPLAINANT INFORMATION

- Mr. Mrs. Ms. Dr.

NAME:

ADDRESS:

CITY: STATE: ZIP:

COUNTY:

HOME PHONE:

WORK PHONE:

CELL PHONE:

EMAIL:

MY COMPLAINT IS AGAINST THE FOLLOWING INSURANCE COMPANY OR THIRD PARTY ADMINISTRATOR:

COMPANY NAME:

TELEPHONE:

POLICY/ID NO:

CLAIM NO.:

DATE OF LOSS:

POLICY PERIOD:

INSURED INFORMATION

(If different from complainant)

- Mr. Mrs. Ms. Dr.

NAME:

ADDRESS:

CITY: STATE: ZIP:

COUNTY:

HOME PHONE:

WORK PHONE:

CELL PHONE:

EMAIL:

AGENCY/ADJUSTER INFORMATION

AGENCY NAME:

AGENT/ADJUSTER NAME:

ADDRESS:

CITY: STATE: ZIP:

PHONE:

Briefly describe your issue and clearly state your complaint. Attach supporting documents.

Authorization & Release: By signing below, I hereby authorize Commissioner Ralph T. Hudgens 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 also specifically authorize the insurer, agent, third party administrator, or other party to release any and all information necessary for the Office of Insurance and Safety Fire Commissioner to investigate the matter contained herein. 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