



Louisiana Department of Insurance

Complaint Report Form

What the Louisiana Department of Insurance can do for you:

- Protect you by enforcing Louisiana's insurance laws
- Provide you with consumer information
- Investigate your complaints against companies or agents

Types of complaints include:

- Sales/Policyholder Services
- Claim Delays/Denials/Unsatisfactory Settlements
- Premium Rates/Refunds
- Other Insurance-Related Disputes
- Cancellation/Non-Renewals

Types of insurance involved include:

- Life
- Homeowners
- Bail Bonds
- Worker's Compensation
- Health
- Long Term Care
- Commercial
- Disability
- Auto
- Credit
- Annuity
- Medicare Supplement
- Other Types of Insurance

What the Louisiana Department of Insurance cannot do for you:

- Give you legal advice, act as your lawyer, or interfere in a pending lawsuit
 - Recommend one insurance company, agent or adjuster over another
 - Decide disputes based on who is negligent or at fault
 - Determine the facts surrounding a claim (that is who might be telling the truth in a matter when accounts of the matter differ)
 - Resolve a complaint if the only evidence is your word against the word of others
-

What should I send with my complaint form?

Copies, not originals of...

- Letters you have written to the company or producer dealing with the problem
- Letters you have received from the company or producer
- Other letters written about the problem from your doctor or lawyer
- Your policy or the excerpt from your benefits handbook that covers the situation
- Relevant sales literature or worksheets
- Your insurance ID card (copied front and back), if possible
- The claim you filed, if applicable

What happens after the Department of Insurance receives my complaint?

1. Typically, within a week of receiving your complaint the Louisiana Department of Insurance will send you an acknowledgment letter or email noting:
 - Your file number
 - The name of the compliance examiner in charge of investigating your complaint
2. The Department of Insurance will send a copy of your complaint to the company or other appropriate party and ask for an explanation of its position.
3. Your examiner will review all responses received to assure the problem has been properly addressed. This may result in more letters or phone calls between the examiner, the company and other parties.
4. Your examiner will send you a letter with the investigation results:
 - If no evidence of a violation is found, the examiner will so advise and explain why the investigation is being closed.
 - If your examiner is not satisfied with the company's response, the investigation will continue.
 - If the Louisiana Department of Insurance asserts that the law has been violated, the Department will pursue administrative action to correct and punish the wrongdoer.

How will I know how the investigation is going?

- The average complaint takes approximately 45 days to investigate fully. Because of the unique nature of each complaint, your complaint may be completed in a much shorter time frame or, in some rare instances, take considerably longer.
- If you have any new information, put it in writing. Include your file number and send it to your examiner.

For more information, free copies of our publications, or answers to insurance-related questions, contact the Louisiana Department of Insurance at 1-800-259-5300 or (225) 342-5900 in Baton Rouge, or write to Louisiana Department of Insurance, P.O. Box 94214, Baton Rouge, LA 70804-9214. You can access our website at www.lidi.la.gov and or send an email to public@ldi.la.gov.

Louisiana Department of Insurance
P.O. Box 94214, Baton Rouge, LA 70804-9214
Call toll free, 1-800-259-5300; Locally, call 225-342-5900

PLEASE TYPE OR PRINT CLEARLY

Section I

Your Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

City: _____ State: _____ Zip: _____ Cell Phone: _____

Insured: _____ Email: _____

Claimant: _____

Date of birth: _____ Social Security # (last four digits): _____

Age Group: Under 25 25 – 49 50 – 64 65 +

Section II

Who is the complaint against? (Full and exact name of the company, broker, agent, or adjuster)

Address (if known) _____

What type of coverage does this involve?

- | | | | |
|---------------------------------------|---|-------------------------------------|--|
| <input type="checkbox"/> Life | <input type="checkbox"/> Homeowners | <input type="checkbox"/> Bail Bonds | <input type="checkbox"/> Worker's Compensation |
| <input type="checkbox"/> Health | <input type="checkbox"/> Long Term Care | <input type="checkbox"/> Commercial | <input type="checkbox"/> Disability |
| <input type="checkbox"/> Auto | <input type="checkbox"/> Credit | <input type="checkbox"/> Annuity | <input type="checkbox"/> Medicare Supplement |
| <input type="checkbox"/> Other: _____ | | | |

If involving group insurance, please provide the name of the employer:

Policy Number: _____ Group Number: _____

Claim Number: _____

If your complaint is against another person's insurance company, that person's name, contact information, and policy number: _____

Date of loss: _____

