MISSISSIPPI
INSURANCE DEPARTMENT

MIKE CHANEY
Commissioner of Insurance
State Fire Marshal

MARK HAIRE
Deputy Commissioner of Insurance

P.O. BOX 79
JACKSON, MS 39205-0079
Phone: 601-359-2453 or 1-800-562-2957 • FAX: 601-359-1077
www.mid.ms.gov

CONSUMER COMPLAINT FORM (Agent Complaint)

Documents that you submit to the Mississippi Department of Insurance to assist us in examining your complaint may be subject to the Mississippi Public Records Act of 1983. ALL SPACES APPLICABLE MUST BE COMPLETED.

INSTRUCTIONS FOR COMPLETION OF FORM:

- **Fill in the information below that is applicable to your complaint.**
- **TYPE OR PRINT IN BLUE/BLACK INK AND WRITE CLEARLY. SIGN AND DATE FORM.**
- **Please send proof of payment or other documentation to support your position. (Copies ONLY. No Originals.)**

Complainant

Your Name: _____
Relationship to insured: (if applicable) _____
Mailing Address: _____
City: _____ County: _____ State: _____ Zip Code: _____
Daytime Telephone Number: _____ E-mail Address: _____

Insured

Your Name (if same, write **"same"**): _____
Mailing Address: _____
City: _____ County: _____ State: _____ Zip Code: _____
Daytime Telephone Number: _____ E-mail Address: _____

Agent Information

Complete Name of agent complaint is against:

_____

Address (if known): _____

Name of company/agency agent represents: _____

Type of Coverage

☐ Auto ☐ Homeowners ☐ Commercial ☐ Liability ☐ Life ☐ Health
☐ Disability Income ☐ Dental ☐ Long Term Care ☐ Annuity ☐ Medicare Supplement
☐ Other (List): _____

Have you previously written to the Mississippi Dept. of Insurance about this matter? ☐ Yes ☐ No
If yes, give name complaint was filed: _____ Dept. File Number:_____

Policy Information:

Policy Number: _____ Claim Number: _____
Date of Loss: _____

Reason for Complaint:

☐ Claim Delay ☐ Claim Denial ☐ Premium Increase ☐ Cancellation ☐ Non-Renewal
☐ Unsatisfactory Settlement ☐ Premium Refund ☐ Other: _____

Details of Complaint:
(Use additional paper, if needed)

Signature: _____ **Date:** _____

Revised 11/2013

PRINT FORM RESET FORM