



Consumer Complaint Form

Print and complete this form if you plan to scan, fax or email your complaint to our office. If you would like to submit your complaint online directly to our office, visit www.ksinsurance.org.

* Required field

* Name: _____

* Address: _____

* City: _____

* State: _____ * ZIP: _____ * Phone Number: _____

* County: _____ * Email: _____

* If we need to contact you, what is your:

Preferred mode of contact (choose one):

Phone Email Mail

Preferred time: A.M.

P.M.

Department hours:
M-F 8 a.m. to 5 p.m.

* **Who is the complaint against? Provide the name of the one or more of the following:**

Name of Insurance Company: _____

Name of Insurance Agent/Agency: _____

Name of Insurance Adjuster or Appraiser: _____

Name of Insured: _____

Policy Number: _____ Claim Number: _____

Date and Location of Loss: _____ Amount Disputed: _____

* **Type of Insurance (choose one):**

<input type="checkbox"/> Annuity	<input type="checkbox"/> Disability	<input type="checkbox"/> Life	<input type="checkbox"/> Title
<input type="checkbox"/> Auto	<input type="checkbox"/> Group Health	<input type="checkbox"/> Long-Term Care	<input type="checkbox"/> Workers Compensation
<input type="checkbox"/> Commercial	<input type="checkbox"/> Home	<input type="checkbox"/> Medicare Supplement	<input type="checkbox"/> Other:
<input type="checkbox"/> Dental	<input type="checkbox"/> Individual Health	<input type="checkbox"/> Renters	

* **Reason for Complaint (choose one):**

<input type="checkbox"/> Agent Handling	<input type="checkbox"/> Delays/No Response	<input type="checkbox"/> Premium & Rating	<input type="checkbox"/> Unsatisfactory Settlement/Offer
<input type="checkbox"/> Cancellation	<input type="checkbox"/> Information Requested	<input type="checkbox"/> Premium Notice/Billing	<input type="checkbox"/> Other:
<input type="checkbox"/> Claim Delay	<input type="checkbox"/> Misrepresentation	<input type="checkbox"/> Premium Refund	
<input type="checkbox"/> Claim Denial	<input type="checkbox"/> Non-renewal		

