



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 insurance.kansas.gov.

* Required field

* **Name:**

Business Name:

* **Address:**

* **City:** * **ZIP:**

* **State:** * **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):**

Annuity

Disability

Life

Title

Auto

Group Health

Long-Term Care

Workers

Commercial

Home

Medicare Supplement

Compensation

Dental

Individual Health

Renters

Other:

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

Agent Handling

Delays/No Response

Premium & Rating

Unsatisfactory

Cancellation

Information Requested

Premium Notice/

Settlement/Offer

Claim Delay

Misrepresentation

Billing

Other:

Claim Denial

Non-renewal

Premium Refund

Notes:

What is your desired outcome?:

When you have completed
this form, send it to:

Kansas Insurance Department:
Attn: Consumer Assistance Division
Fax: 785-296-5806
1300 SW Arrowhead Rd.
Topeka, KS 66604
Email: kdoi.complaints@ks.gov

Attach any supporting
documentation relating
to your complaint review.
Keep original copies.

Authorization

The Insurance Commissioner is authorized to send a copy of this complaint and any follow-up documents to any insurance company or agent/agency in order to investigate my concerns. I authorize the release of all relevant information, including medical records, to the Insurance Commissioner's office for its review of this matter. I understand the Insurance Commissioner's office cannot act as my attorney, cannot file a private action on my behalf, and cannot provide legal advice, I further understand and agree that the contents herein may be forwarded to other appropriate state or federal agencies, as well as become accessible to others under the Kansas Open Records Act. Finally, I declare and verify under penalty of perjury and the laws of Kansas that all of the above information is true and correct to the best of my knowledge.

* **Signature:**