



**Financial Services  
Commission  
of Ontario**  
5160 Yonge Street,  
Box 85  
Toronto ON M2N 6L9

# INSURANCE BUSINESS ACTIVITY COMPLAINT FORM

*Insurance Act, R.S.O. 1990 c.l.8*

To assist our review please complete and sign the form ensuring you have included the final position letter provided by the insurance company and any relevant information and facts that support your complaint. You may attach a separate letter and other related documents. Please note that a review of your complaint may be delayed if you have not included the final position letter from the Insurance Company. Please send this form and your supporting documentation to the attention of the "Market Regulation Branch" by regular mail to the address above/ by fax to 416 590-8480/ or by email to [contactcentre@fSCO.gov.on.ca](mailto:contactcentre@fSCO.gov.on.ca).

## GENERAL INFORMATION

|                                |                                |                                 |               |
|--------------------------------|--------------------------------|---------------------------------|---------------|
| <input type="checkbox"/> Mr.   | Last name                      | First name                      | Middle name   |
| <input type="checkbox"/> Mrs.  |                                |                                 |               |
| <input type="checkbox"/> Ms.   |                                |                                 |               |
| Street address                 |                                |                                 | Apt./Unit     |
| City                           | Province                       | Postal Code                     |               |
| Phone number                   | Ext.                           | Fax number                      | Email address |
| Preferred method of contact    |                                |                                 |               |
| <input type="checkbox"/> Phone | <input type="checkbox"/> Email | <input type="checkbox"/> Letter |               |

## COMPLAINT INFORMATION

|   |  |
|---|--|
| Who is your complaint about?                        | Insurance Product Type                         |
| <input type="checkbox"/> Insurance Company          | <input type="checkbox"/> Life                  |
| <input type="checkbox"/> Corporate Insurance Agency | <input type="checkbox"/> Automobile            |
| <input type="checkbox"/> Insurance Agent            | <input type="checkbox"/> Property              |
| <input type="checkbox"/> Insurance Adjuster         | <input type="checkbox"/> Disability            |
| <input type="checkbox"/> Other, specify _____       | <input type="checkbox"/> Accident & Sickness   |
|   | <input type="checkbox"/> Insurance investments |
|   | <input type="checkbox"/> Other, specify _____  |

## THE COMPLAINT IS AGAINST THE FOLLOWING INDIVIDUAL / COMPANY

|                                  |                  |             |               |
|----------------------------------|------------------|-------------|---------------|
| Individual Name ( if applicable) | Policy/Claim No. |             |               |
| Company Name                     |                  |             |               |
| Street address                   | Apt./Unit        |             |               |
| City                             | Province         | Postal Code |               |
| Phone number                     | Ext.             | Fax number  | Email address |

## COMPLAINT DETAILS

The date when you first became aware of the circumstances giving rise to your complaint (yyyy/mm/dd):

Describe the nature of your complaint. Include facts and supporting documents where possible.  
Use a separate attachment if necessary.

Extra sheets attached

Please provide the name and contact information of the person you attempted to resolve the matter with:

Name of contact

Email Address

Phone number

Ext.

Brief details of steps you have taken to date in order to try and resolve the matter.

Extra sheets attached

## INSURANCE COMPANY FINAL POSITION

The insurance company is required to provide you with a letter outlining its final position on the complaint pursuant to FSCO Bulletin No. G-05/96 General

- I have attached the final position letter from the insurance company  
 I have **NOT** attached the final position letter from the insurance company

If you have NOT attached the final position letter from the insurance company please explain why.

Extra sheets attached

**LEGAL ACTION**

Have you commenced legal action?  Yes  No  
 If yes, please explain.

Extra sheets attached

**NOTIFICATION AND CONSENT**

Personal information provided on this form is being collected by the Financial Services Commission of Ontario ("FSCO") under the authority of the *Financial Services Commission of Ontario Act, 1997*, S.O. 1997, c. 28, s. 3(a) as part of FSCO's role as a financial services regulator protecting the public interest. Your personal information is necessary to review and/or investigate the matters in your complaint.

FSCO may need to disclose your information to third parties as part of its review or investigation. By signing below, you consent to FSCO disclosing the information contained on this form, and any additional information that you supply about your complaint, to the following parties:

1. The insurance company, insurance agent and/or adjuster named in your complaint;
2. Any government ministry, agency, board or commission;
3. Any self-regulatory agency or association; and
4. Any Canadian law enforcement agency.

If you have any questions about FSCO's collection and disclosure of your personal information, please contact:

Financial Services Commission of Ontario  
 5160 Yonge Street, Box 85  
 Toronto, ON M2N 6L9  
 Telephone: (416) 250-7250  
 Toll Free: 1-800-668-0128  
 Fax: (416) 590-8480  
 TTY: 1-800-387-0584  
 Email: [contactcentre@fSCO.gov.on.ca](mailto:contactcentre@fSCO.gov.on.ca).

I hereby authorize the Financial Services Commission of Ontario to disclose the information I have submitted about my complaint, including my personal information, to the insurance company, insurance agent, and/or insurance adjuster named in my complaint; to any government ministry, agency, board or commission; to any self-regulatory agency or association; and to any Canadian law enforcement agency as may be required for the purposes of further reviewing or investigating my complaint.

I decline

|                     |           |                   |
|---------------------|-----------|-------------------|
| Name (please print) | Signature | Date (yyyy/mm/dd) |
|---------------------|-----------|-------------------|