

STATE OF NEBRASKA

DEPARTMENT OF INSURANCE

Ann M. Frohman

Director



Dave Heineman
Governor

CONSUMER AFFAIRS DIVISION COMPLAINT QUESTIONNAIRE

Complaint Made By: Mr. Mrs. Ms.
_____ (Print Last Name) (First Name) (Middle)

Home Address: _____
_____ (City) (State) (Zip Code)

Home Phone Number: () _____ Work Phone Number: () _____

PLEASE CIRCLE INSURED'S AGE GROUP: <25 25-49 50-64 65+

Complaint is Directed Against: _____
(Will generally be an Insurance Company or Producer)

Policy Type: Life Health Auto Property Other _____

Policyholder: _____ Agent or Adjuster: _____
(Circle One)

Policy or Claim #: _____ Date of Loss: _____
(Circle One) (If Claim)

Summary of Complaint: (Please itemize and specifically discuss each problem.)

(An additional page should be used if necessary.)

The State Tort Claims Act provides that neither the staff nor State of Nebraska may be held liable for consequences that flow from our efforts to request payment because such efforts are discretionary acts.

If a health or injury claim is involved, the following must be completed.

For investigative purposes, the release of medical information pertaining to _____ is authorized.
(Name)

I acknowledge that such information may be shared with other governmental agencies in order to pursue an investigation of this matter.

Date: _____ Signature _____