Consumer Insurance Services
500 James Robertson Parkway, 4th Floor
Nashville, TN 37243-0574
(800) 342-4029 · (615) 741-2218
FAX: (615) 532-7389
CIS.Complaints@state.tn.us

PROVIDER COMPLAINT FORM

Please complete this form and fax or mail it back to us. We will inform you of your assigned investigator once your file has been set-up. You may wish to provide documentation that supports your complaint. If this is a complaint concerning health insurance, please complete the entire form.

Complainant Information

Prefix	☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr.	File Number:	Assign:
First Name		Last Name:	
Business Name:	Include Business Name only if applicable:		
Street Address			
City		State:	Zip Code
Phone Numbers	Daytime/Alternate		
Email Address		County (TN only)	
Age Group	☐ under 25 ☐ 25-49 ☐ 50-64 ☐ over 65		

Insurance Information

My Complaint is against:	☐ my ins. co; ☐ my agent; ☐ other party's ins co; ☐: PPO Related		
Type of Coverage:	☐ Auto; ☐ Homeowners; ☐ Life; ☐ Health; ☐ other:		
Insurance Company:		Agent:	
Date of loss or incident		Agent's Phone No (if against agent)	
If Policy was terminated:	Cancellation Date:		Effective Date:
Adjuster's Name (if applicable):		Insured (if not you):	
Company Reference:	☐ Policy; ☐ Claim number (provide one):		
Reason(s) for Complaint:	☐ Claim Denial	☐ Claim Delays	☐ Low settlement offer
☐ Premium & Rating	☐ Premium Billing	☐ Premium Refund	☐ Information Requested
☐ Cancellation	☐ Non-renewal	☐ Rate Classification	☐ Policy Delivery
☐ PPO (Describe)			

Give a brief description of the problem (limit to 5000 characters)

What actions should be taken to resolve your complaint?

If you are not the aggrieved party, what is your relationship to them?	

I declare that the information I've furnished is true and accurate.

Signature:		Date:	