



**Kentucky Department of Insurance
Consumer Protection Division
500 Mero Street, 2 SE 11, Frankfort, KY 40601
Phone: 502-564-6034 ❖ Fax: 502-564-6090
Email: DOI.ConsumerComplaints@ky.gov**

Consumer Complaint Form

A complaint MUST be submitted in writing or electronically. Once complete, please return by mail, fax, or email. (*Required information)

***Section 1: Your Information (Policyholder/Insured)**

First Name: _____ Middle: _____ Last: _____

Address: _____ City, ST ZIP: _____

Phone (____) _____ Email: _____

Signature: _____ **Date:** _____

(If filing on your own behalf)

Are you represented by an attorney? Yes No

Is this situation currently in litigation? Yes No

Person completing form on behalf of Policyholder/Insured

First Name: _____ Middle: _____ Last: _____

Address: _____ City, ST ZIP: _____

Phone (____) _____ Email: _____

Signature: _____ **Date:** _____

Section 2: Insurance Company Information

(Submit a copy of Health Insurance Card for Health Complaint)

*Type of Insurance Involved: Auto Homeowners Life Health Other: _____

*Insurance Company Name: _____

*Policy Number: _____ *Claim Number: _____

Agent/Adjuster Name (if Applicable): _____

Agent/Adjuster Address: _____

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