

## Texas Department of Insurance Complaint Form



**TEXAS DEPARTMENT OF INSURANCE**

Consumer Protection (111-1A)

P. O. Box 149091

Austin, Texas 78714-9091

Email: [ConsumerProtection@tdi.state.tx.us](mailto:ConsumerProtection@tdi.state.tx.us)

Main Number: (512) 463-6500 (800) 252-3439

Fax Number: (512) 475-1771

### Notice

TDI uses information disclosed in this form to help resolve your complaint. Resolution may require TDI to share this information with the person or company named in your complaint. Although by law much of the information you submit may be considered public record, portions may be confidential. For example, you may include private information protected by the doctrine of common law privacy, medical records protected by the Medical Practice Act, or an e-mail address provided for the purpose of communicating electronically with TDI which is protected by the Texas Public Information Act. Sharing this information for purposes of processing your complaint does not waive these confidentiality protections. However, you may affirmatively consent to release of your e-mail address in response to a public information request or inquiry.

In addition, the Health Insurance Portability and Accountability Act (HIPAA) allows doctors and health care providers to provide information about a person's health care to health oversight agencies such as TDI. The law permits doctors and providers to disclose this information without authorization if the disclosure is for any purpose for which the agency is legally authorized to collect information.

If you would like more information about the public or confidential nature of information maintained by TDI, please consult our [Open Records Policy](#) and our [Web Site Privacy Policy](#). This form is encrypted to meet privacy requirements.

## Before Filing a Complaint

**1. File online?** - Fill in the information on this form, then select "Submit" to file your complaint electronically.

**2. Mail or Fax?** - Print the RTF/PDF version, fill in the information, and return to the mailing address above. You may also fax the completed form to the fax number above.

**3. Supporting Documents?** - If you have supporting documents to submit with your complaint, please mail or fax your complaint, rather than submitting it online.

### \* Required Field

\* Date (mm/dd/yyyy):

Month  Day  Year

\*Insured's or Claimant's First Name:

\*Insured's or Claimant's Last Name:

E-mail Address:

TDI may release my e-mail address in response to a public information request.

AGREE  
 DO NOT AGREE

\*Street Address:

\*City:

\*State:

\*Zip Code or Postal Code:

Work Phone:

Area Code - Extension

Home Phone:

Area Code -

## Policy Information

Policyholder's First Name:  
(if different from yours)

Policyholder's Last Name:  
(if different from yours)

Street Address:  
(if different from yours)

City:  
(if different from yours)

State:

Zip Code or Postal Code:

Policyholder's Home Phone:

Area Code  -

## Tell Us About Your Complaint

Complaint is Against:

My Insurance Company  
My Agent  
Other Insurance Company (Liability Claims)  
Workers' Comp Network  
Other

If Other:

Type of Coverage:

Automobile  
Commercial lines  
Health  
HMO  
Homeowner  
Life  
Medicare Supplement  
Workers' Compensation  
Other

If Other:

Date Loss Occurred or Began (mm/dd/yyyy):

Month  Day  Year

Claim Number:

\*Name of Insurance Company:

<b>Individual Policy Number:</b>	<input type="text"/>
<b>Group Policy Number:</b>	<input type="text"/>
<b>Certificate Number:</b>	<input type="text"/>
<b>Name of Employer (if Group Policy):</b>	<input type="text"/>
<b>Agent's First Name:</b>	<input type="text"/>
<b>Agent's Last Name:</b>	<input type="text"/>
<b>Agent's Work Phone:</b>	Area Code <input type="text"/> - <input type="text"/> Extension <input type="text"/>
<b>Agent's Fax Phone:</b>	Area Code <input type="text"/> - <input type="text"/>
<b>Agent's Street Address:</b> (if known)	<input type="text"/>
<b>Agent's City:</b>	<input type="text"/>
<b>Agent's State:</b>	<input type="text"/>
<b>Agent's Zip Code or Postal Code:</b>	<input type="text"/>

**Other Insurance Company (Liability Claims)**

<b>Name of Other Person:</b>	<input type="text"/>
<b>Name of Their Business or Employer:</b>	<input type="text"/>
<b>Name of Their Insurance Company:</b>	<input type="text"/>
<b>Type of Coverage:</b>	<input type="text"/>
<b>Policy or Claim Number:</b>	<input type="text"/>

**My Complaint is (please describe):**

**My Complaint is (please describe):**

**What do you consider to be  
a fair resolution to your problem?:**

## Before Clicking Submit

Please understand that submitting complaints online does not allow you to attach supporting documentation. Supporting documentation is often essential to helping us resolve your complaint successfully. Types of documentation that will help us resolve most complaints includes:

- Evidence that you paid for insurance (receipts, front & back copies of checks, billing statements, etc.);
- Certificates or other documents showing you had insurance coverage (copy of policy, binder, ID/enrollment card, declaration page, plan description, etc.);
- Correspondence between you and your agent or insurance company (and/or any advertising) showing what you were told about your insurance coverage or your claims;
- Evidence of unpaid claims (copies of unpaid bills or evidence that you have paid bills for which you seek reimbursement, accident/claim reports, etc.); and
- Any other supporting documents not mentioned above that could help settle your complaint.

If you file your complaint online, but need to submit supporting documentation, print a copy of your completed complaint form before clicking the "Submit" button. Then mail or fax this complaint form and documents. You can expect an acknowledgement letter once your complaint form has been received.

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### Insured or Claimant's Signature

**Signature not required for those who submit the form online.**

(Please print a copy of the completed complaint form for your records)

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### Access and Correction of Personal Information

With few exceptions, you are entitled to be informed about the information that the Texas Department of Insurance (TDI) collects about you. Under sections 552.021 and 552.023 of the Texas Government Code, you have a right to review or receive copies of information about yourself, including private information. However, TDI may withhold information for reasons other than to protect your right to privacy. Under section 559.004 of the Texas Government Code, you are entitled to request that TDI correct information that TDI has about you that is incorrect. For more information about the procedure and costs for obtaining information from

TDI or about the procedure for correcting information kept by TDI, please email the [AgencyCounsel@tdi.state.tx.us](mailto:AgencyCounsel@tdi.state.tx.us) of TDI's Legal & Compliance Division or contact them by phone at (512) 475-1757 or review [TDI's Corrections Procedures](#).

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