

Please complete this fillable form (using Adobe Acrobat PDF Reader software's Fill and Sign tool) or print and complete manually and forward to gbentley@iagi.ca Attn: Guy Bentley or lbentley@iagi.ca Attn: Lori Bentley.

Client Complaint Form

To help with our review, please complete and sign the form and send us the following information:

- Details of the complaint that was conveyed to the individual(s), with whom you have a concern
- Response provided by the individual(s) to resolve your complaint
- All documents that support your complaint (e.g., contracts, policy documents, emails, letters sent to or received from the person or entity, etc.). You may attach the documents separately, if necessary.

Please note that we cannot review or resolve your complaint without the information requested in this form.

Client Contact Information

Last Name		Initials	First Name
Street Address			
Unit Number	Street Number	Street Name	
City		Province	Postal Code
Telephone Number	Fax Number (if available)		E-mail Address

Preferred method of contact

☐ Phone ☐ Email ☐ Letter

What is your complaint about? (select all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Accident and Sickness Insurance | <input type="checkbox"/> Life Insurance |
| <input type="checkbox"/> Disability Insurance | <input type="checkbox"/> Other, Specify: |

Who is your complaint with? The complaint is against the following person/entity:

Individual Name (if applicable): _____ Entity Name (if applicable): _____

Branch Location: _____ Tel #: _____ E-mail: _____

Complaint Details

The date when you first became aware of the matter giving rise to your complaint: _____

Briefly describe your complaint. Include facts and documents that are relevant to your complaint.

You may attach the documents separately, if necessary.

Please provide the name and details of the individual(s), with whom you have attempted to resolve your complaint:

Contact Name: _____ Email: _____ Telephone: _____

Summary of steps you have taken to resolve your complaint to date.

Response

- ☐ I have attached the all correspondence referencing the issue or complaint.
- ☐ I have **not** attached the correspondence referencing the issue or complaint.
If you have **not** attached any correspondence referencing the complaint, please explain why. Please note that the review of your complaint may be delayed if you do not provide documents to support your complaint.

Notification and Consent

The personal information you have provided in this form is being collected by The Insurance Advisory Group Inc. (IAG) to investigate your complaint.

IAG may need to disclose your personal information to third parties as part of its review or ensuing investigation, if required. By signing below, you consent to IAG's disclosure of the information contained in this form, and any additional information about your complaint to the following parties:

1. The person(s) and or entity named in your complaint
2. The Insurers and Managing General Agents associated with your complaint
3. Any self-regulatory agency or association; and
4. Any Canadian law enforcement agency

If IAG is required to share your personal information with a person or entity not listed above to resolve your complaint, you will be contacted to provide further consent.

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

Lori Bentley, Compliance Officer T:416-363-0075 Email: lbentley@iagi.ca

**Client Focused.
Relationship Driven.**



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I hereby consent to IAG's collection, use and disclosure of the information I have submitted in my complaint, including my personal information to the entities listed above.

Name _____ Signature _____ Date _____

I do not consent to IAG's collection, use and disclosure of the information I have submitted in my complaint.

Name _____ Signature _____ Date _____