



COMPLAINT FORM

Please fill in this form at fill in at help from tool Fill in and sign from software Adobe Acrobat PDF Reader or print and complete manually and send to:

lbrossard@assuranceslmb.com Attn: Lissa-Marie Brossard

Form for customer complaint.

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

1. Details of the complaint that has been sent to the person with whom you have a problem.
2. Measures taken to resolve your complaint by said person.
3. All documents to support your complaint (for example, contracts, pages of contract, e-mails, letters sent or received from the person or entity, etc.) You may attach them separately, if necessary.

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

Customer information

Name		Initials	First name
Address			
Apartment	Street Number	Street Name	
City		Province	Postal code
Telephone Number		Fax Number (if applicable)	E-mail

You wish to be contacted by?

- ☐ Phone ☐ E-Mail ☐ Letter

Your complaint concerns what type of product? Please select any which applies:

- ☐ Accident and Health Insurance ☐ Life insurance
☐ Disability Insurance ☐ Other, please specify: _____



The complaint is against the following person/entity:

Name of the individual: (if applicable): _____ Name of entity :(if applicable) _____

Phone Number: _____ Email: _____

Details of the complaint

The date where you first took notice of the situation at the origin of your complaint: _____

Briefly describe your complaint. Include the facts and the relevant documents to your complaint. You may attach documents separately, if necessary.

Please provide the name(s) and the contact details of the person or of the people with whom you have tried to resolve your complaint:

Name: _____ Email: _____ Phone: _____

At this day, what are the measures taken regarding the resolution of your complaint:

Supporting documents.

- ☐ I have attached all correspondence referring to the problem or to the complaint.
- ☐ I have **not** attached the correspondence referring to the problem or to the complaint. If you have not attached any correspondence referring to the complaint, please explain why.



Please note that the review of your complaint may be delayed if you do not provide any supporting documents to support your complaint.

Notice and Consent

The personal information that you have provided in this form is collected by LMB Insurance (LMB) to investigate your complaint. LMB Insurance may disclose your personal information to third parties as part of its investigation, or of its review, if necessary. By signing below, you consent to the disclosure by LMB Insurance of the information contained in this form and any additional information concerning your complaint to the following parties:

1. The person and/or entities named in your complaint.
2. The Insurers and Agents General Manager associated to your reclamation.
3. Any agency or self-regulatory association.
4. Any enforcement body of the Canadian law.

If LMB Insurance is required to share your personal information with any person or entity not listed above to resolve your complaint, you will be contacted to provide further consent. If you have any questions on the collection and the disclosure of your personal information by LMB Insurance, please contact:

Lissa-Marie Brossard at (514) 348-9422 or lbrossard@assuranceslmb.com

I hereby consent to the collection, use and disclosure by LMB Insurance of the information that I have submitted in my complaint, including my personal information to the entities listed above.

Name: _____ Signature: _____ Date: _____

I do not consent to the collection, to the use and to the disclosure by Assurances LMB of the information I have submitted in my complaint.

Name: _____ Signature: _____ Date: _____

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