



Please complete this fillable form using Adobe Acrobat PDF Reader software's Fill and Sign tool or print, fill and scan and forward to lbrossard@assuranceslmb.com Attn: Lissa-Marie Brossard

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)

- ☐ Accident and Sickness Insurance ☐ Life Insurance
☐ Disability Insurance ☐ Other, Specify: _____

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

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

Telephone: _____ E-mail: _____

Complaint Details

The date when you first became aware of the matter that gives 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 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 LMB Insurance to investigate your complaint.

LMB Insurance 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 LMB Insurance'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 LMB Insurance 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 LMB Insurance's collection and disclosure of your personal information, please contact:

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

I hereby consent to LMB Insurance'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 LMB Insurance's collection, use and disclose the information I have submitted in my complaint.

Name _____ Signature _____ Date _____

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