

CONSUMER'S COMPLAINT REGARDING REGULATED BUSINESSES

Your Name (Please print or type) Daytime phone number Email Address

Your Address: Street City State Zip Code County

Name of business that sold the service or merchandise Name of individual who sold the service or merchandise

Name of Purchaser Identification Number of Purchase or Contract (you or another person on whose behalf you are filing this complaint\*)

\*Please note: If you are making a complaint on behalf of someone else (other than a minor), you must provide us with either: a letter from that person that grants you permission to inquire into the matter; or the address of that person so we may provide the summary of our investigation directly to that person. If you are making a complaint on behalf of a minor, please describe your relationship to the minor.

Date of purchase (if known) Date of loss (if applicable)

- Type of Product (please check applicable box):
[ ] Contract with a Facility for Continuing Care or Senior Adult Congregate Living Services
[ ] Contract for Preneed Funeral Services and Merchandise
[ ] Contract for Perpetual Care Cemetery and Merchandise
[ ] Contract for Motor Vehicle Service
[ ] Contract for Residential Service Contracts
[ ] Other

Your Complaint - Please provide a brief summary of your complaint. Use additional pages if necessary.
[ ]
[ ]
[ ]
[ ]
[ ]
[ ]

Attach copies of any documents that are central to your complaint.

Please submit your completed form and attachments for Iowa Insurance Division review to:
Iowa Insurance Division
Regulated Industries Unit
601 Locust Street, 4th Floor Des Moines, Iowa 50309-3738
OR
Fax to: 515-281-3059
Email to: riu@iid.iowa.gov

By submitting this complaint, you verify that your statements are true and, without otherwise waiving any confidentiality protections of Iowa Code chapters 516E, 523A, 523C, 523D, 523I or section 505.8, or other applicable state or federal statutes or regulations, you are authorizing the Iowa Insurance Division to provide a copy of this complaint form and attachments to the business or person that is the subject of your complaint.

Signature Date