

North Carolina Department of Insurance

COMPLAINT FORM

TO: Agent Services Division
1204 Mail Service Center
Raleigh, NC 27699-1204

This form may be used for complaints on Bail Bondsmen, Collection Agencies, Premium Finance Company and Motor Clubs. We do not act as an advocate or lawyer for a person who has a dispute with another. We encourage information about a suspected business practices in order that action, may under the laws of NC be initiated when appropriate. Please complete and return to the address above.

Your Name: _____

Address: _____

City: _____ State _____ Zip _____

Telephone: Home _____ Business _____

Firm or Person Complained About:

Name: _____

Address: _____

City: _____ State _____ Zip _____

Telephone: _____ Permit Number _____

Please explain specifically what you wish to report or what your complaint concerns. Please provide any receipt numbers, amount of monies involved, contract or policy numbers (when appropriate), copies of any correspondence received and names of all persons involved in your complaint. (Use the reverse side if necessary.)

Multiple horizontal lines for writing the complaint details.

Will you be available for verbal testimony if necessary? _____

May we identify you to the person or firm? _____

If you have contacted an attorney, give names and address or such attorney: _____

The above statement is true to the best of my knowledge and belief.

Signed: _____ Date: _____