



Complaint Form

Complainant

Name:	
Address:	City:
Home Phone:	Cell Phone:

Policy Information

Policy Number:	Policy Name:
Claim Number:	

Provide a description of your complaint including relevant dates
(Use additional paper if required)



What do you consider a fair resolution of your complaint?

I hereby authorize the Co-operative Hail Insurance Company to use and disclose the information I have provided about my complaint to as required to conduct an investigation into the complaint.

Dated this the _____ day of _____, 20_____

Complainant Signature