



Complaint Form

Complainant

Date: _____

Name:		
Address:	City:	Prov:
Cell Phone:	Email Address:	

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

Please email to complaint@coophail.com or mail to: Co-Operative Hail Insurance Company
2709 13th Ave REGINA, SK S4T 1N4