



Thank you for contacting the Financial Institutions Commissions (FICOM). Your complaint is important to us as it might be the first indicator of a potential market conduct issue. We carefully consider each complaint and may take action if we identify a breach of the Insurance Act, Financial Institutions Act, or other legislation. We may also refer complaints to other regulatory bodies when appropriate. FICOM will assess whether complaints result in an investigation or public sanction.

FICOM ensures that insurance companies have appropriate authorizations in place to conduct business in BC. We enforce compliance with legislative requirements that govern, for example, sales and marketing practices, insurance company complaint handling and dispute resolution procedures, and insurance contracts. FICOM more generally ensures that insurers do not engage in acts and conduct that might reasonably harm the interests of insureds.

While FICOM does not generally intervene in individual claims disputes, service quality issues, and insurer business decisions, complaints from consumers on these and other issues may be indicative of market conduct issues FICOM will pursue.

The Insurance Council of BC licenses and regulates insurance agents, agencies, and adjusters. Complaints about agents, agencies and adjusters should be directed to the Council (www.insurancecouncilofbc.com). Complaints about unlicensed insurance activities should be directed to FICOM.

FICOM will accept complaints in any format, however completing this form ensures adequate information is provided initially and allows for more efficient processing of complaints.

Please contact us at 604 398-5067 / insurance@ficombc.ca with any questions about our role and your complaint.

This form will expand as you complete the sections, however if you do run out of space, please attach further particulars. You can complete this form and send it, with all necessary attachments by email to: insurance@ficombc.ca.

Section 1: Your Information

Form with fields for Last Name, First Name, Mailing Address, City & Postal Code, Phone Number, Secondary Phone Number, Email Address, and contact preference checkboxes.

COMPLAINT INFORMATION

Section 2: Subject of the Complaint

Insurance Company:			
Name of Employee:			
Mailing Address:		City:	
Phone Number:		Postal Code:	
Email Address:			

Section 3: What is the Complaint About?

Please briefly describe what wrongdoing is alleged.

Section 4: Details

Please provide details of the complaint including dates as available. Include key meetings, communications (phone, e-mail, in person), other parties involved, key decisions, document exchanges, activity location, and other information that will help us understand and evaluate your complaint.

Date:	Event:

Section 5: Supporting Documents

It is important that you provide evidence to support your allegations. We ask that you attach copies of the documents to support the complaint. This can include the insurance policy, certificate, and any correspondence between you and the

COMPLAINT INFORMATION

insurance company. You should retain the original documents for your own records. However, we may need your original documents for an enforcement proceeding (we will notify you if that becomes necessary).

Section 6: Other Parties

Please provide information about other individuals/parties who can provide information in relation to your complaint.

Name:	Contact Information (phone/e-mail):	Name:	Contact Information (phone/e-mail):

Section 7: Other Actions You've Taken

Have you made a complaint with the insurance company, other regulatory agencies, or industry groups?

Yes No

If yes, please provide details (e.g. response from insurer, agency/group, status of complaint, key dates, etc.).

Please provide supporting documents.

If not, please provide the reason:

Are you involved in legal action related to issues raised in your complaint? Yes No

Details (e.g. type of legal action, parties, status, key dates, etc.).

Please provide supporting documents as relevant. We encourage you to consult your legal counsel beforehand.

insurance@ficombc.ca

Phone – 604 398-5067 / Fax – 604 660-3365
Financial Institutions Commission
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V6B 4N6

Freedom of Information and Protection of Privacy Act (FOIPPA): The information requested on this form is collected under the authority of, and used for the purpose of administering the *Financial Institutions Act, Insurance Act and Insurance (Captive Company) Act*. Complaints are treated on a confidential basis and maintained as such subject to enforcement proceeding requirements and FOIPPA. If you have any questions about the collection or use of this information, contact the Freedom of Information Coordinator at 604 660-3555, Suite 2800, 555 West Hastings Street, Vancouver, BC V6B 4N6.