

Thank you for contacting BC Financial Services Authority (BCFSA). Your complaint is important to BCFSA 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 a complaint to other regulatory bodies when appropriate. BCFSA will make the assessment of whether a complaint is referred, investigated and result in any disciplinary action.

Even when BCFSA does not take action on your complaint, it may disclose your complaint and the information in it, including to the persons you name in your complaint. Important information about the authority for BCFSA to collect, use and disclose your information, including personal information, is included below.

BCFSA 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. BCFSA more generally ensures that insurers do not engage in acts and conduct that might reasonably harm the interests of insureds. BCFSA is the Crown Agency that regulates British Columbia's financial services sector. BCFSA administers the Acts included in the Financial Services Authority Act. For regulated financial institutions, BCFSA enforces requirements for business authorization, supervises compliance with legislation and BCFSA expectations, and may engage the sanctions powers stated in the Financial Institutions Act.

BCFSA does not provide legal advice for consumers. If you require legal advice, you should consult a lawyer/legal counsel. Time limits may apply. BCFSA does not generally intervene in individual disputes, service quality issues, and/ or business decisions made by Insurers. BCFSA, may consider whether such complaints indicate a (potential) market conduct concern that warrants action. 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 BCFSA.

BCFSA accepts complaints in any format, however completing this form ensures adequate initial information is provided for assessment of complaints.

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

INSTRUCTIONS

1. This form will expand as you complete the sections, however, if you do run out of space, please attach additional sheets.
2. Upon completion, please email this form and all attachments to insurance@bcfsa.ca

Other ways to submit a complaint:

BC Financial Services Authority
600-750 West Pender Street
Vancouver, B.C. V6C 2T8

Phone: 604-398-5029 / Fax: 604-660-3365

Freedom of Information and Protection of Privacy Act (FOIPPA) and Financial Institutions Act

The information requested on this form is collected under the authority of Sections 26(a), 26(b), and 26(c) of the *Freedom of Information and Protection of Privacy Act* and the *Financial Institutions Act*. The information is collected for the purpose of processing, investigating, and responding to your complaint and administering the *Financial Institutions Act*. Complaints are treated as confidential and maintained as such, subject to the Acts enforcement proceedings and the *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection or use of this information, please contact the Privacy Officer at FOI@bcfsa.ca.

PART 1 – YOUR INFORMATION

Last name	First name
Mailing address	City & postal code
Phone number	Secondary phone number

Email address	
Please advise how you prefer we contact you:	<input type="checkbox"/> Phone <input type="checkbox"/> Email
Are you the:	<input type="checkbox"/> Employee of the institution <input type="checkbox"/> Lawyer/legal counsel <input type="checkbox"/> Policyholder/depositor <input type="checkbox"/> Other regulator or government agency <input type="checkbox"/> Other

Individuals may fill out this form for themselves or may act on behalf of another person in certain circumstances. If you are acting on behalf of another person, you must inform BCFSa and complete the authority form attached to this complaint form. If you have any questions about this, please contact BCFSa at insurance@bcfsa.ca

PART 2 – SHARING OF PERSONAL INFORMATION

I consent to the disclosure of my personal information in connection with this complaint, for the purposes of investigating this complaint under the *Financial Institutions Act* or applicable enactment, including to the subject(s) of/persons named in my complaint, public bodies, law enforcement agencies, or governing body of professions or occupations, as applicable in BCFSa's determination, effective today (the date of signature). I understand that in addition to the disclosure required to assess and investigate my complaint, as needed, my personal information may be disclosed where permitted by and for the purpose of the enactments BCFSa administers, in legal proceedings, and where required by a court order or by law. Disclosure may include persons (including the financial institution) named in my complaint to respond to any investigation and as information relevant to their own market conduct and compliance.

☐ Yes ☐ No

If you do not wish your personal information to be shared, please provide reasons:

Please note that BCFSa is subject to the disclosure and protection provisions of the *Freedom of Information and Protection of Privacy Act* and the *Financial Institutions Act*. This form constitutes a record under that legislation.

PART 3 – SUBJECT OF THE COMPLAINT

Insurance company

Name of employee

Mailing address	City & postal code
Phone number	Email address

PART 4 – WHAT IS THE COMPLAINT ABOUT?

Please briefly describe what wrongdoing is alleged.

PART 5 – 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

PART 6 – 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 insurance company. You should retain the original documents for your own records; however, we may need your original documents for an enforcement proceeding, in which case we will notify you if that becomes necessary.

PART 7 – OTHER PARTIES

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

Name	Contact Information (phone/email)	Name	Contact Information (phone/email)

PART 8 – OTHER ACTIONS YOU HAVE 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 no document provided, please state 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

What is your expected outcome from the complaint process?

Authorization for Representative to act on your behalf

BCFSA requires written authorization before we can discuss your account, complaint, personal information with, or take directions from, anyone other than you. Please complete this form if you wish to authorize someone to act on your behalf.

SECTION A: YOUR INFORMATION (Person Granting Authorization)

Full legal name: _____

Address: _____

City: _____ Province: _____ Postal code: _____

Phone: _____ Email: _____

Complaint reference details if known: _____

SECTION B: AUTHORIZED REPRESENTATIVE'S INFORMATION

Full legal name: _____

Address: _____

City: _____ Province: _____ Postal code: _____

Phone: _____ Email: _____

Relationship to you: _____

If relying on a power of attorney or other document, please attach a copy.

SECTION C: AUTHORIZATION DETAILS

I authorize my representative to (check all that apply):

- ☐ File a complaint on my behalf
- ☐ Receive information and copies of correspondence about my complaint
- ☐ Discuss and make decisions, receive instructions and engage in other communication regarding my complaint
- ☐ All of the above
- ☐ Other (specify): _____

This authorization relates to:

- ☐ All matters related to my complaint
- ☐ Specific matter only (describe): _____

Duration of authorization:

- ☐ Until I revoke this authorization in writing (see Section G)
- ☐ Until the following date: _____
- ☐ Until the specific matter above is resolved

Communication:

- ☐ I want to be copied on formal written communications from BCFSA to my authorized representative.

SECTION D: PERSONAL INFORMATION CONSENT

I understand and consent to the following:

- ☐ My personal information may be disclosed to my authorized representative as necessary for the purposes checked above

The types of personal information that may be shared include:

- ☐ Complaint information and history
- ☐ Correspondence and communications with relevant parties
- ☐ Financial information
- ☐ Complaint details and outcomes
- ☐ Other: _____

- ☐ This information will only be used for the authorized purposes listed above.

SECTION E: PRIVACY & COMPLIANCE

By signing below, I acknowledge that:

- ☐ I have read and understand this authorization form.
- ☐ I understand that my personal information will be handled in accordance with the BCFSA privacy policy and Freedom of Information and Protection of Privacy Act (FOIPPA) and Financial Institutions Act (see below). See [Privacy Policy | BCFSA](#) for more information.
- ☐ I am providing this authorization voluntarily and have the legal capacity to do so
- ☐ I understand I can revoke it at any time by notifying BCFSA by email

Freedom of Information and Protection of Privacy Act (FOIPPA) and Financial Institutions Act

The information requested on this form is collected under the authority of sections 26(a), 26(b), and 26(c) of the Freedom of Information and Protection of Privacy Act and the Financial Institutions Act. The information is collected for the purpose of processing, investigating, and responding to your complaint and administering the Financial Institutions Act. Complaints are treated as confidential and maintained as such, subject to the Acts, enforcement proceedings and the Freedom of Information and Protection of Privacy Act. If you have any questions about the collection or use of this information, please contact the Privacy Officer at FOI@bcfsa.ca.

SECTION F: SIGNATURES

Your signature: _____ Date: _____

Print your name: _____

Witness signature (recommended) _____ Date: _____

Witness Name: _____

FOR AUTHORIZED REPRESENTATIVE:

By signing below, I acknowledge that I will:

- Act only within the scope of authority granted above
- Respect the privacy and confidentiality of all information received
- Comply with any limitations specified in this authorization

Representative signature: _____ Date: _____

Print representative name: _____

SECTION G: IMPORTANT INFORMATION

How to Submit:

Submit this completed form together with the completed complaint form to insurance@bcfsa.ca

Original signatures required - scanned copies acceptable.
Keep a copy for your records.

Revoking Authorization:

Contact us by email to revoke this authorization at any time at insurance@bcfsa.ca

Effective Period: This authorization takes effect when received and processed by BCFSa and lasts for the duration selected in Section C or until revoked in writing.