

Thank you for contacting the BC Financial Services Authority (BCFSA). 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. BCFSA will assess whether complaints result in an investigation or public sanction.

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.

While BCFSA 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 BCFSA 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](http://www.insurancecouncilofbc.com)). Complaints about unlicensed insurance activities should be directed to BCFSA.

BCFSA 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@bcfsa.ca](mailto: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:

Email: [insurance@bcfsa.ca](mailto:insurance@bcfsa.ca)  
 BC Financial Services Authority  
 2800 - 555 West Hastings Street  
 Vancouver, BC V6B 4N6

Ph: 604-398-5067 / Fax: 604-660-3365

***Freedom of Information and Protection of Privacy Act (FOIPPA)***

The information requested on this form is collected under the authority of section 26(c) of the *Freedom of Information and Protection of Privacy Act*. The information is collected for the purpose of processing, investigating, and responding to your complaint. Complaints are treated as confidential and maintained as such, subject to 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 604-660-3555, 2800 - 555 West Hastings Street, Vancouver, BC, V6B 4N6.

**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  Phone  Email

Are you the:  Policyholder  Beneficiary  Third party claimant  Other regulatory agency  
 An Industry Member  Other:

**PART 2 – SUBJECT OF THE COMPLAINT**

Insurance Company

Name of Employee

Mailing Address

City & Postal Code

Phone Number

Email Address

**PART 3 – WHAT IS THE COMPLAINT ABOUT?**

Please briefly describe what wrongdoing is alleged.

**PART 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

**PART 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 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).

**PART 6 – OTHER PARTIES**

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

<b>Name:</b>	<b>Contact Information (phone/email)</b>	<b>Name:</b>	<b>Contact Information (phone/email)</b>

**PART 7 – 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 not, please provide the reason:

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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.