Ohio Department of Insurance

Mike DeWine, *Governor*
Jon Husted, *Lt Governor*
Judith L. French, *Director*

Enforcement Division Complaint Form

Enforcement Division, 50 W Town Street, 3rd Floor - Suite 300, Columbus OH 43215
614-644-2658 | 614-387-0092 (Fax) | insurance.ohio.gov

Suspect / Agent

Name (First MI Last) _____ Telephone _____

Address _____ Date of Birth _____

City, State, Zip _____ Social Security _____

Type of Claim _____ Date of Loss _____

Synopsis _____

What is your loss? _____

Where did your loss occur? _____

When did your loss occur? _____

Are there any witnesses or other victims? Yes ☐ No ☐ Who _____

If there is a violation, would you be willing to testify at a department hearing or criminal proceedings? Yes ☐ No ☐

Your Information

Name (First MI Last) _____ Telephone _____

Address _____ E-mail _____

City, State, Zip _____

Signature _____