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

Ohio Department of Insurance

Mike DeWine – Governor
Jillian Froment – Director

Enforcement Division Complaint Form

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 _____