

**PERSONAL INFORMATION  
REQUEST/COMPLAINT FORM**

**Client Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Telephone Number:** (h) \_\_\_\_\_ (o) \_\_\_\_\_

**Fax (if any):** \_\_\_\_\_

**Email address (if any):** \_\_\_\_\_

**Insurer (if known):** \_\_\_\_\_ **Policy # (if known):** \_\_\_\_\_

I wish to file a request  or complaint  (check applicable box) regarding my personal information which is being or has been held or processed by the insurance broker.

(Please briefly state the nature of your request or complaint):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

<b>FOR OFFICE USE ONLY:</b>	
Date received: _____	By (print name): _____
Date acknowledged: _____	By (print name): _____
Date of response: _____	By (print name): _____