

**REQUEST FOR ADDITIONAL
COMPLAINT REVIEW**



State of Wisconsin
Office of the Commissioner of Insurance
P. O. Box 7873
Madison, WI 53707-7873
(608) 266-3585
1-800-236-8517 (WI only)
oci.wi.gov

Based on the information provided, we were unable to resolve your complaint to your satisfaction. It is important our determination is based on complete information. If you have additional information to support your position which has not already been reviewed by this office and you feel your complaint warrants further review, please complete both sides of this form and attach a copy of the additional information.

The completed form, your supporting documentation, and your file will be reviewed by a supervisor and a decision will be made whether to reopen your file. After we have completed our review of your request, we will contact you.

Date	Name		
Street Address	City	State	Zip
Complaint File No.	Date of Our Last Letter to You		

Can we contact you by telephone to discuss the case to obtain additional information?

Yes No

If yes, please provide us with your daytime telephone number () _____

Please explain why you feel your complaint warrants further review (attach additional pages if necessary)

STATEMENT

I request further review of my complaint and represent that the information I have provided is true to the best of my knowledge and belief. I understand this information will become a public record after the review is completed.

Signature of Applicant

Send to: State of Wisconsin
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