



We were unable to resolve your complaint to your satisfaction based on the information provided. If you have **additional information** to support your position that has **not already** been reviewed by this office, you can submit the additional information for consideration.

Complete **all pages** of this form and attach a copy of the additional information.

The completed form and supporting documentation will be reviewed by a supervisor to determine if your file should be reopened. When our review is complete, we will contact you.

Date	Name		
Street Address	City	State	Zip
Complaint File No.			

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

☐

Yes

☐

No

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

Please explain why you feel your complaint should be reviewed again (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

Email: ocicomplaints@wisconsin.gov

Fax: (608) 264-8115

Online: oci.wi.gov/Complaints

Mail: Office of the Commissioner of Insurance
P.O. Box 7873
Madison, WI 53707-7873

For FedEx, UPS, Overnight Mail:

Office of the Commissioner of Insurance
125 South Webster Street
Madison, WI 53703-3474