



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

Barbara D. Richardson
Cabinet Executive Officer
Executive Deputy Director

Katie Hobbs
Governor

Complainant Information:

First Name: Middle Name:

Last Name:

Address:

City: State:

Phone: Zip Code:

Email:

Complaint Against:

Full Name:

Company Name:

Address:

City: State:

Phone: Zip Code:

Email:

License Type: License Number:

Licensee Report for Complaint #

Licensee Report for Complaint #

Complaint Details

Incident Description:

Incident Date:

Address:

City:

State:

Zip Code:

I verify, under penalty of law, that everything contained in the foregoing complaint is true and correct to the best of my knowledge and belief.

Signature

Date