

COMPLAINT FORM

1. YOUR CONTACT INFORMATION

Mr. Ms. _____
Last name First name

Contract number: _____

Home address:

 No., street Apt. City

 Province Postal code Email address

 Telephone (home) Telephone (work)

2. NAME OF THE PERSON WHO PROCESSED YOUR FILE:

3. PRODUCT THAT IS THE SUBJECT OF THE COMPLAINT:

Travel insurance

Health insurance (Individual)

4. DESCRIPTION OF YOUR COMPLAINT:

Please describe the nature of your complaint, including any harm you believe you have suffered. List in chronological order the facts that led to your complaint. Specify dates and times, as well as the names of people with whom you communicated. (Use an additional sheet, if necessary.)

By filling out this complaint form, what result or settlement do you hope to obtain?

What solution do you suggest?

5. DATE OF THE COMPLAINT AND SIGNATURE:

 Complainant's signature Date (YYYY/MM/DD)

Please enclose copies of all documents that you consider important for investigating your complaint, including a copy of each of your contracts, applications and any other pertinent document with your complaint form. You should, however, keep the originals for your files.

SEND TO: Customer Relations, SecuriGlobe Inc., 5005 Lapinière Blvd, Suite 2070, Brossard (QC) J4Z 0N5 or by email to: satisfaction@securiglobe.com