



COMPLAINT FORM

1. YOUR CONTACT INFORMATION

☐ Mr.

☐ Ms.

Last nameFirst name

Contract number:

Home address:

No., streetApt.City

ProvincePostal codeEmail 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., 1981, avenue McGill College, suite 1860 Montréal (Québec) H3A 2Y1 or by email to: satisfaction@securiglobe.com