Insurance Council of Manitoba

Complaint Form

Mailing Address: Suite 466 - 167 Lombard Avenue Winnipeg, Manitoba R3B 0T6
E-mail Address: contactus@icm.mb.ca Telephone: (204) 988-6800 Fax: (204) 988-6801

NOTE: The following information is required in order to proceed with your complaint.

Complainant Information:

Name: _____

Agency/Company (if applicable): _____

Telephone Numbers: **Work:** _____ **Home:** _____

Email Address: _____

Mailing Address: _____
STREET CITY PROVINCE POSTAL CODE

Client Information (if different from Complainant):

Name: _____

Telephone Numbers: **Work:** _____ **Home:** _____

Mailing Address: _____
STREET CITY PROVINCE POSTAL CODE

Complaintee Information:

Name of Agent: _____

Agency/Company (if applicable): _____

Mailing Address: _____
STREET CITY PROVINCE POSTAL CODE

Details of Complaint: (please provide copies of any documents that may assist our office in this investigation)

Important: **If this complaint is not being submitted by electronic methods, please *sign* and *date* the complaint prior to submitting to the Insurance Council of Manitoba office.**