

Minnesota Complaint Submission

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Complainant Information

Fields marked with an asterisk (*) are required.

Complainant Information	Insured Information	Complaint Against	Insurance Information	Complaint Details	Documentation and Declaration	Review Complaint
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Please select if complainant information is the same as account information.

Name

First*

Last*

Submitting on behalf of Organization/Entity?

Address

Address*

City*

Exactly one of State, Country, or Province must be entered*

State

Zip Code

E-mail Address*

At least one phone number must be entered*

Telephone (Home)

Telephone (Work) Ext.

Telephone (Cell)

Designate Primary Contact Phone Number*

Minnesota Department of Commerce

85 7th Place East, Suite 280
Saint Paul, MN 55101
Phone: 651-539-1600