COMMERCE DEPARTMENT

Minnesota Complaint Submission

Logged in as example@parityportal.org logout

Insured Information

Check "Are you the insured?" box to auto-fill from your account. If you are not the insured, indicate what your relationship is to the insured or covered person, such as, Relative, Beneficiary, Third-Party Claimant, Provider, Attorney, or (if your complaint does not involve an insured) No Insured Involved.

Fields marked with an asterisk (*) are required.

Complainant Information	Insured Information	Complaint Against	Insurance Information	Complaint Details	Documentation and Declaration	Review Complaint

Are you the insured? ☑

Name

First*	Example
Last*	Example
Organization Name	

Address

Address	123 Example
City	City Example
State	Minnesota ▼
Zip Code	55101
Telephone	123-456-7890 Ext.
E-mail Address	example@parityportal.org

Previous Cancel Next

Minnesota Department of Commerce

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Saint Paul, MN 55101
Phone: 651-539-1600