

## Minnesota Complaint Submission

Logged in as l.vukelich@comcast.net [logout](#)

### Complaint Against

Please identify who you are complaining against. Check all that apply. Check "Other" if none of the other selections apply, or if your complaint is not against any specific party.

Fields marked with an asterisk (\*) are required.

<a href="#">Complainant Information</a>	<a href="#">Insured Information</a>	<a href="#">Complaint Against</a>	<a href="#">Insurance Information</a>	<a href="#">Complaint Details</a>	<a href="#">Documentation and Declaration</a>	<a href="#">Review Complaint</a>
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### I am complaining against

- My Insurance Company
- Agent
- Agency
- Other Party's Insurance Company
- Other

### Insurance Company Information

Insurance Company

Name

parityportal test

Previous

Cancel

Next

Minnesota Department of Commerce

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