

## Minnesota Complaint Submission

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

### Insurance Information

Provide details about the type coverage your complaint relates to below.

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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#### Policy

Type of Policy	Group ▼
Policy Number	Example
Type of Insurance*	Health Insurance ▼

#### Claim

Claim Number	Example
Date of Loss	12-31-2019

Minnesota Department of Commerce

85 7th Place East, Suite 280  
Saint Paul, MN 55101  
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