

## Minnesota Complaint Submission

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### Complaint Details

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

[Complainant Information](#)   [Insured Information](#)   [Complaint Against](#)   [Insurance Information](#)   [Complaint Details](#)   [Documentation and Declaration](#)   [Review Complaint](#)

Type of  
Problem

Other ▼

Other Problem Type Description\*

INSURANCE DISCRIMINATION: Mental Health Parity....

OR

INSURANCE DISCRIMINATION: Substance Use Disorder Parity....

Characters: 120/1000

Detail of Complaint\*

Tell your story here.

Characters: 21/2000

Previous

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Minnesota Department of Commerce

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Saint Paul, MN 55101  
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