

Minnesota Complaint Submission

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Documentation and Declaration

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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Documentation

Do you have supporting documents? If so, how will you send them to us?*

Upload Fax Mail None

By selecting the upload option, you will be taken to the document upload screen after successfully submitting this complaint

Declaration/Authorization/Release

Declaration/Authorization*

I hereby declare that I am authorized to make this complaint. I further declare that all of the information submitted in this complaint and attachments is true and accurate to the best of my knowledge. I authorize release of any submitted information, including medical records, if applicable, to the party complained against, other regulated entities, or an appropriate state or federal agency, where such release will aid the Department's investigative process, or assist other state or federal agencies to investigate the facts contained in this complaint. I authorize this release, notwithstanding any statutory provisions to the contrary.

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Minnesota Department of Commerce

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