



BUSINESS-TO-BUSINESS COMPLAINT



For use by licensed entities or individuals with a dispute with another licensed entity or individual.

If you are a company or individual licensed and regulated by the Department of Insurance and Financial Services (DIFS) and you have a complaint against another company or individual that is licensed and regulated by DIFS, the attached form may be used to file a complaint with DIFS. You may also file a complaint online at Michigan.gov/DIFScomplaints.

DIFS' AUTHORITY

DIFS regulates and monitors licensed individuals and entities to ensure compliance with applicable laws and regulations. One way the department fulfills this regulatory responsibility is by investigating allegations of violations of Michigan law.

HOW DIFS CAN HELP

The Business-to-Business complaint process begins by submitting the attached form to DIFS or by filing a complaint online at Michigan.gov/DIFScomplaints. Your complaint is based on the documents you submit. Be sure to include all pertinent information, such as:

- Details of the allegations.
- Sections of the law you believe have been violated.
- Documentation to support your allegations.

The complaint will be returned as incomplete if information and documentation listed above are not included.

Complaints can be filed anonymously, which means your identity will not be shared with others, including the individual or entity that is the subject of the complaint. However, we request that you provide contact information so we may contact you if additional information is needed.

If the facts lead to opening an investigation or examination, the involved parties may be contacted if further information is needed. A letter of inquiry may be sent to the licensee (Respondent) to obtain information about the allegations. The letter informs the Respondent of the allegations and provides the licensee an opportunity to respond to those allegations. Licensees are required by law to respond to DIFS' inquiries and requests for records.

As a regulatory agency, DIFS' role is to review the allegations and obtain facts and information to determine if a violation of law has occurred. DIFS generally cannot share information with the complaining party or anyone else during the course of an investigation or examination, as those processes are confidential by law.

Note: Please visit Michigan.gov/DIFScomplaints for filing other types of complaints, including complaints from non-regulated entities (consumers), appeals of health insurance claim denials, or provider clean claim reports. To report insurance or financial services fraud to DIFS' Fraud Investigation Unit, visit Michigan.gov/ReportFraudtoDIFS. You may also contact DIFS toll-free at 877-999-6442 Monday through Friday 8 a.m. to 5 p.m.



OUTCOMES OF THE REVIEW

Once the department has completed its review of your complaint, possible outcomes include:

Closing the complaint with a No Further Action or Warning Letter sent to the Respondent reminding them of their requirements under the law.






Initiation of an enforcement action against the Respondent. Enforcement actions may result in:

- Suspension of license with additional training, monitoring of business practices, restitution, or fines.
- Revocation of license.
- Issuance of a Cease-and-Desist Order directing the licensee to stop violating the law.



OTHER HELPFUL RESOURCES

It is important to note that DIFS cannot open investigations outside of its regulatory authority, such as allegations involving contractual disputes, disputes involving commission payments, or agency and company contracts. Below are other resources available for common disputes that do not fall within DIFS' regulatory authority. Contact the DIFS Fraud Investigation Unit or your local police or prosecutor if your allegations involve criminal activity:

State of Michigan Department of Labor and Economic Opportunity (Michigan.gov/LEO)

Workers' Compensation Agency	Wage and Hour	Unemployment Insurance Agency
<p> P.O. Box 30016 Lansing, MI 48909</p> <p> 888-396-5041</p>	<p> P.O. Box 30476, Lansing, MI 48909</p> <p> 1-855-4MI-WAGE 517-284-7800</p>	<p> 313-456-2400 1-866-500-0017</p>

United States Department of Labor (DOL.gov)

-  200 Constitution Avenue,
NW, Washington, DC 20210
-  866-487-2365

CONTACT DIFS

-  877-999-6442
Monday-Friday 8 a.m. to 5 p.m.
-  DIFScomplaints@michigan.gov
-  530 W. Allegan St.
PO Box 30220
Lansing, MI 48909-7720



Business to Business Complaint Form

We define a Business to Business complaint as a complaint filed *by* a company or individual licensed by DIFS *against* another company or individual.

If you are a consumer filing a complaint, please use the appropriate complaint form, available from www.michigan.gov/difs or by calling DIFS toll-free at 877-999-6442.

Your Name <hr/> Address <hr/> City State Zip <hr/> Daytime phone number Other phone number	Name of COMPANY this complaint is about <hr/> Name of INDIVIDUAL this complaint is about <hr/> Section(s) of the Michigan law you believe have been violated: <hr/> Have you hired an attorney to represent you in this matter? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you filed a lawsuit in this matter? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Daytime phone number	Other phone number	Your email address	Date(s) of incident

Type of complaint: Insurance Financial Institution / Consumer Finance Other: _____

Type of product my complaint involves:

<input type="checkbox"/> Auto	<input type="checkbox"/> Home or property	<input type="checkbox"/> Health insurance	<input type="checkbox"/> Title
<input type="checkbox"/> Life	<input type="checkbox"/> Annuity	<input type="checkbox"/> Liability	<input type="checkbox"/> Mortgage
<input type="checkbox"/> Long-term care	<input type="checkbox"/> Disability income	<input type="checkbox"/> Surety Bond	<input type="checkbox"/> Other: _____

Please list events in the order they happened. Attach additional pages if needed. If possible, please use letter size paper (8 1/2 x 11") for all attachments.

Details of my complaint:

*It is **important** that you attach copies of documentation to support your allegations.*

Based on the supporting documentation, we will determine if an investigation or exam is warranted.

▶ Always send copies. Never send original documents.

Michigan law, including PA 218 of 1956 as amended, authorizes the review of complaints involving companies or individuals licensed by DIFS. Completion of this form is voluntary and helps us review your allegations.

Michigan Law(s) violated: _____

Please suggest a fair resolution: _____

Please mail your complaint to:
DIFS - Office of Consumer Services
 PO Box 30220
 Lansing MI 48909-7720
 Or fax to: 517-284-8837
 Or Email to: DIFScomplaints@michigan.gov

I authorize the release of any information regarding this complaint to help the Department of Insurance and Financial Services with their review. A copy of this complaint and related documents may be sent to any company or individual licensee involved in this matter.

Signature _____ Date signed _____