

Examination Experience Complaint

Name		Email Address	
Address		City	State ZIP Code
Daytime Phone Number		Alternate Phone Number	
Examination Site		Date of Examination	
Examination Type <input type="checkbox"/> Life Producer <input type="checkbox"/> Life Counselor <input type="checkbox"/> Accident & Health Producer <input type="checkbox"/> Accident & Health Counselor <input type="checkbox"/> Property Producer/Solicitor <input type="checkbox"/> Casualty Producer/Solicitor <input type="checkbox"/> Property & Casualty Producer/Solicitor <input type="checkbox"/> Property & Casualty Counselor <input type="checkbox"/> Personal Lines Producer <input type="checkbox"/> Life, Accident & Health Producer <input type="checkbox"/> Life, Variable Life & Annuities Producer <input type="checkbox"/> Public Adjuster <input type="checkbox"/> Independent Adjuster without Worker's Comp <input type="checkbox"/> Independent Adjuster with Worker's Comp <input type="checkbox"/> Surplus Lines Producer <input type="checkbox"/> Limited Lines Property & Casualty Producer <input type="checkbox"/> Surety & Fidelity Producer/Solicitor <input type="checkbox"/> Title Insurance Producer <input type="checkbox"/> Credit Insurance Producer <input type="checkbox"/> Debt Management Counselor <input type="checkbox"/> Variable Annuities Producer			
Please list events in the order they occurred. Briefly list all of the specific items that form the basis of your complaint. Attach additional sheets, if necessary, to clearly document the events that occurred.			
Details of Complaint:			
Desired Outcome:			
Signature:		Date Signed:	

Please submit completed form:

By mail to:

DIFS Licensing
 PO Box 30220
 Lansing, MI 48909-7720

Or fax to:

(517) 284-8836

Or email to:

DIFS-Licensing@michigan.gov



Michigan Department of Insurance and Financial Services

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