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How to Make a DOI Complaint in Georgia Complete Guide



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This step-by-step guide on how to place a formal complaint can help you find the best solution to any problems you might be facing with an insurance company or the way they are dealing with your request.

1. [Verify Eligibility of Your Complaint](#)
2. [Reach Out to Your Insurance Company for Resolution](#)
3. [Prepare the Necessary Information](#)
4. [File Your Complaint](#)
5. [Following Actions](#)



Instructions for Completing the CONSUMER Complaint Form

** On-line Consumer Complaint Portal filing is the preferred method because it is a faster response time and reduces processing costs.*

Consumer complaint filings can be made choosing ONE (please select only ONE) of the following methods:

Preferred and Quickest Method:



Consumer Complaint Portal:

<https://oci.georgia.gov/file-consumer-insurance-complaint>

OR By Submission
via link to form
from our website

OR By Mail:

Office of Commissioner of Insurance
Consumer Services
2 Martin Luther King Jr Dr SE
Suite 716 West Tower
Atlanta, GA 30334

Follow these steps only if faxing, scanning or mailing the insurance issues to the Department:

- Complete the Consumer Complaint Form GID-CS-CF-1 to file the complaint by:
 - filling in the interactive form fields using a free Adobe Reader, then print and fax, scan and email or mail; or,
 - print a copy of the form then type or handwrite legibly in blue or black ink to avoid unnecessary delays in processing your complaint.
- Clearly state the full name of the company or third party administrator against whom you are lodging your complaint. (Do not abbreviate the company's or third party administrator's name, as this may cause delays in identifying the correct company.)
- Include your e-mail address for communication purposes.
- Date and sign (digital signatures are accepted for the electronic form) the completed form.
- Attach copies only of pertinent documents to support your complaint.

!!! KEEP YOUR original documents for your records, DO NOT send us your originals!!!

Upon receipt of your complaint, a case will be created and assigned to a Complaints Analyst in the Consumer Services Division. You will receive an acknowledgment letter stating your case number and the name of your Complaints Analyst.

Please allow an additional 15 business days for the carrier or third party administrator to respond to us. The Complaints Analyst will then review the response and notify you with a written reply. Please allow adequate time for the process.

If you are a Health Care Provider, please do not use the Consumer Complaint Form for provider issues. You can submit via the Consumer Complaint Portal on our website at <https://oci.georgia.gov/file-consumer-insurance-complaint>. The *Provider Complaint Form GID-258-LH* is also available on our website oci.ga.gov under Insurance Resources.

1. Verify Eligibility of Your Complaint

The Consumer Services Division handles various insurance-related complaints, but it does not have jurisdiction over the following plans:

- Self-insured employers and health and welfare benefit plans: Some large employers provide health benefits to their employees through self-insured plans. While these plans are often administered by insurance companies, the employer, not the insurance company, assumes the risk for claim payments. State insurance regulations do not apply to self-insured employer plans under federal law. The same exemption applies to health and welfare benefit plans, such as union plans.
- Federal Employees' health and life insurance
- Medicare HMOs
- Military Insurance
- Medicare
- Medicaid
- State of Georgia Employee's Health Plan
- University System of Georgia
- Policies purchased in another state.

2. Reach Out to Your Insurance Company for Resolution

Before contacting the Consumer Services Division about your dispute, follow these steps with your insurance company:

- Express your complaint to the company's representative.
- Inquire about the necessary steps to submit your dispute (e.g., drafting a formal complaint letter, completing specific forms, providing supporting documentation, etc.).

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- Maintain thorough records of all interactions with the insurance company concerning your dispute. When making phone calls, record the call date, the representative's name, and the phone number dialed, and summarize the conversation. Keep copies of all written correspondence, including emails.
- Collect and send all required documentation to the address provided by your insurance company. Remember to send copies (not originals) of personal supporting documents like invoices, notes, canceled checks, notices, etc.

If you cannot resolve your dispute with the insurance company or are dissatisfied with their response, proceed to Step 3.

3. Prepare the Necessary Information

To ensure we have all the essential details to investigate your complaint, please provide the following:

- Personal information (address, name, phone number, and email address)
- The precise name of your insurance company
- The full name of any agent or adjuster involved
- Your policy number
- The number of your claim and the date of loss (if pertinent)
- Insurance card information, both sides
- A brief description of your problem
- Copies (not originals) of all supporting documentation, including invoices, canceled checks, advertising materials, and any correspondence between you and the company or agent, etc.

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**Office of Commissioner of
Insurance and Safety Fire**
Protect | Enforce | Educate | Inform



An electronic filing process is available using the [Consumer Complaint Portal](#) on our website at [oci.ga.gov](#) in place of this form.

Type of Insurance:

☐ Automobile ☐ Homeowners ☐ Life & Annuity ☐ Accident & Health ☐ Commercial ☐ Miscellaneous

PLEASE TYPE OR PRINT LEGIBLY IN BLUE OR BLACK INK

COMPLAINANT INFORMATION	INSURED INFORMATION
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/>	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/>
Name: _____	Name: _____
Address: _____	Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
County: _____	County: _____
Home Phone: _____	Home Phone: _____
Work Phone: _____	Work Phone: _____
Cell Phone: _____	Cell Phone: _____
Email Address*: _____	Email Address: _____
<input type="checkbox"/> ← * I, the Complainant, hereby confirm that by checking this box and providing the above Complainant Email Address that I am authorizing the Office of Insurance and Safety Fire Commissioner to transmit communications via the designated Email Address.	
<input type="checkbox"/> ← Check here if you are represented by an attorney.	
MY COMPLAINT IS AGAINST THE FOLLOWING INSURANCE COMPANY OR 3 RD PARTY ADMINISTRATOR:	AGENCY/ADJUSTER INFORMATION
Company Name: _____	Agency Name: _____
Phone: _____	Agent/Adjuster Name: _____
Policy/ID No.: _____	Address: _____
Claim No.: _____	City: _____ State: _____ Zip: _____
Date Of Loss: _____	Phone: _____
Policy Period: _____	
Briefly describe your issue and clearly state your complaint. Attach copies of any supporting documents but KEEP YOUR ORIGINALS .	
<div style="border: 1px solid black; width: 100%; height: 100%; background-color: #ffffcc;"></div>	

Authorization & Release: By signing below, I hereby authorize Commissioner John F. King and members of his staff to receive and disclose such information, including protected health or financial information, as they may deem necessary and appropriate for purposes of making inquiries into the subject matter contained herein and all matters related thereto. I also specifically authorize the insurer, agent, third party administrator, or other party to release any and all information necessary for the Office of Insurance and Safety Fire Commissioner to investigate the matter contained herein. I further acknowledge that the information contained in this form is accurate to the best of my knowledge. A copy of this request may be shared with any/all parties involved.

Signature: _____

Signature Here

Date: _____

09/14/2023

Consumer Services [CLICK TO SIGN](#)
Office of Commissioner of Insurance and Safety Fire - Georgia

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Form #: GID-CS-CF-1 | JAN2021

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4. File Your Complaint

You may submit a complaint on the [Georgia Government website](#) if you cannot resolve your dispute with the insurance company or are unsatisfied with their handling of your claim.

Please submit your complaint once only, as multiple submissions cause delays. Follow the instructions to complete the Complaint Form.

Mail to the Department of Insurance of Georgia, located at 2 Martin Luther King Jr. Drive, Suite 716 West Tower, Atlanta, Georgia 30334.

5. Following Actions

Once they receive your complaint, they will take the following steps, as applicable:

- Send you an acknowledgment letter containing your Case Number and the contact information of the assigned Complaints Analyst.
- Forward a copy of your complaint to the agency or company you complained about, requesting a detailed written response.
- Assess whether your issue was handled in accordance with the policy or certificate of coverage terms.
- Review your file to determine if the insurance company, HMO, insurance agent, or adjuster violated state insurance laws.
- Take enforcement action if any laws are violated.

After investigation, they will send you a copy of the company's response, along with a formal letter explaining the outcome. One of the following actions may result from the review:

- If the complaint is resolved, they will send you a letter outlining the resolution.
- If an insurance law is violated, the company will be required to take corrective action.
- If the company is not adhering to the policy, they will request corrective action.

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- If the insurer or producer has not responded adequately or thoroughly investigated the complaint, they will be required to do so.