



INSURANCE BROKERS ASSOCIATION OF CANADA

PERSONAL INFORMATION REQUEST/COMPLAINT FORM

Client Name: _____

Address: _____

Telephone Number: (h) _____ (o) _____

Fax (if any): _____

Email address (if any): _____

Insurer (if known): _____ **Policy # (if known):** _____

I wish to file a request or complaint (check applicable box) regarding my personal information which is being or has been held or processed by the insurance broker.

(Please briefly state the nature of your request or complaint):

Signature of Client

Date

FOR OFFICE USE ONLY:

Date received: _____ By (print name): _____

Date acknowledged: _____ By (print name): _____

Date of response: _____ By (print name): _____