



Oklahoma Insurance Department  
Consumer Assistance/Claims Division  
400 NE 50th Street  
Oklahoma City, OK 73105  
1 (800) 522-0071 or (405) 521-2991

# Request for Assistance (RFA)

Required fields are marked with an asterisk. \*

## Complainant's Information

\*First Name

Middle Name

\*Last Name

---

\*Address Line 1

---

Address Line 2

---

\*City

\*State

\*Zip

---

County

\*Country

International Zip

---

Email Address

---

\*Phone

EXT

How do you prefer to be contacted?

Email  Letter

---

Alternate Phone

EXT

---

## Insured's Information *(if different than above)*

First Name

Middle Name

Last Name

---

## Other Parties Involved in this Problem

First Name

Last Name

Description

---

First Name

Last Name

Description

---

*(continued on next page)*

**Other Parties Involved in this Problem (cont.)**

First Name	Last Name	Description
_____	_____	_____

First Name	Last Name	Description
_____	_____	_____

**Insurance Information**

\* Who is the complaint against? (Provide the name of one or more of the parties you are complaining against.)

a. Name of Insurance Company

\_\_\_\_\_

b. Name of Insurance Agency

\_\_\_\_\_

c. Name of Agent

First Name	Last Name
_____	_____

d. Name of Adjuster/Appraiser

First Name	Last Name
_____	_____

In what state did you purchase this plan?

\_\_\_\_\_

How was the Policy purchased?

\_\_\_\_\_

Policy Number	Certificate Number	Claim Number
_____	_____	_____

Date of Loss/Service	Date of Purchase	Date of Cancellation
_____	_____	_____

Insured Age Group	Amount in Dispute	* Type of Insurance
_____	_____	_____

\* Reason for Complaint (use additional paper if needed):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(continued on next page)

