

# Complaint Form

## INSTRUCTIONS

1. Before submitting a written complaint, please contact our Customer Service Department as they may be able to resolve your issue promptly or provide additional information about the product or service.
  - Travel insurance: 1 800 873.2583
  - Health insurance: 1 866 722.3444
2. If you are still not satisfied, you may request that the Customer Service Department review your file.
3. If you are dissatisfied with the outcome of the review or the manner in which your file was processed, complete this form to submit a formal written complaint.
4. You will receive an acknowledgement of receipt within five days of your complaint having been submitted.  
Please enclose photocopies of any documents you deem relevant to a full understanding of your complaint. **BE SURE TO KEEP THE ORIGINAL DOCUMENTS.**

## PERSONAL INFORMATION

Policy, contract, certificate or file number	
Last Name	First Name
Address	
Telephone number	Email

## INSURER INFORMATION

Complaint Officer
Mr. Olivier Thibeault
Company
Ontario Blue Cross / Canassurance
Address
185 The West Mall # 610
Etobicoke (Ontario) M9C 5P1
Secure Website
on.bluecross.ca/depot

## YOUR COMPLAINT

Please provide a clear summary of your complaint, including relevant information about your interaction with the Customer Service Department (see the instructions above). It is important to list the dates of your contact as well as the names of the personnel you spoke to.

Briefly describe what you believe would be a proper resolution to the problem outlined in your written complaint.

## DATE AND SIGNATURE

Date	Signature

Do not forget to enclose photocopies of any relevant documents for the review of your complaint.  
**DO NOT SEND ORIGINAL DOCUMENTS, BE SURE TO KEEP THEM.**