

Insurance Claims Handling Complaint

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Claims Department Address]

[City, State, Zip Code]

Dear Claims Manager,

I am writing to formally file a complaint regarding the handling of my insurance claim, [Claim Number], submitted on [Submission Date]. Despite my previous communications, I have not received a satisfactory response regarding the status of my claim.

Specifically, my concerns include:

- Delayed response times to my inquiries.
- Insufficient information provided regarding the claims process.
- Repeated requests for documentation that have already been submitted.

I expect timely and transparent communication concerning my claim and would appreciate your prompt attention to this matter. Please contact me at your earliest convenience to discuss this further.

Thank you for your attention to this issue. I look forward to your prompt response.

Sincerely,

[Your Name]