

Grievance Letter Against Insurance Agent

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Subject: Grievance Against Claim Denial - Policy Number: [Your Policy Number]

Dear [Insurance Company's Grievance Department/Specific Name if known],

I am writing to formally express my grievance regarding the denial of my claim submitted on [Insert Claim Submission Date], under policy number [Your Policy Number]. My claim was denied on [Date of Denial] by the assigned insurance agent, [Agent's Name], citing [Reason for Denial].

I believe that this denial is unwarranted because [briefly explain your reasons and any supporting evidence]. I have attached [mention any documents that support your case, if applicable] for your review.

I kindly request a thorough review of my claim and a reconsideration of the denial. It is my hope that we can resolve this matter promptly and amicably.

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

Sincerely,

[Your Name]