

Formal Complaint Regarding Unsatisfactory Claims Investigation

Your Name
Your Address
City, State, Zip Code
Email Address
Phone Number
Date

Claims Department
[Insurance Company Name]
[Insurance Company Address]
City, State, Zip Code

Dear Claims Department,

I am writing to formally express my dissatisfaction regarding the investigation of my recent insurance claim (Claim Number: [Insert Claim Number]). I submitted this claim on [Insert Date], and I believe the response and handling of the matter have been inadequate.

Despite providing all necessary documentation and information as requested, the investigation seems to have been both delayed and lacking in thoroughness. I feel my concerns have not been addressed adequately.

I would appreciate a detailed review of my claim and a prompt response to the issues I have raised. I expect that you will treat this matter with the urgency it requires, as it significantly affects my situation.

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

Sincerely,
[Your Name]