

# COMPLAINT FORM

## Procedure

Do you feel that you have been wronged or suffered harm by UV Insurance? You can make a complaint.

Below is the procedure to be followed:

- Make a complaint, in writing, to UV Insurance by completing the enclosed form;
- You will receive an acknowledgment within five (5) business days of receipt of your complaint;
- UV Insurance will handle your complaint and let you know of its decision within thirty (30) business days;
- If you are not satisfied with what UV Insurance offers you, or how the complaint was handled, you can request UV Insurance to transmit a copy of your complaint file to regulatory authorities;
- Regulatory authorities will study your file and can recommend mediation if they deem it appropriate, and if you and UV Insurance both agree on it.

Since confidentiality cannot be guaranteed in Internet transmissions, we suggest that you send the information by mail to the following address:

**UV INSURANCE**  
C/O Complaint Handling Manager  
142 Heriot, P.O. Box 696  
Drummondville QC J2B 6W9  
Telephone: 819 478-1315  
1 800 567-0988  
Fax: 819 474-1990  
Email address: [customers@uvinsurance.ca](mailto:customers@uvinsurance.ca)

## Your contact information

First Name \_\_\_\_\_  
Last Name \_\_\_\_\_  
Address \_\_\_\_\_  
Postal Code \_\_\_\_\_  
Telephone (home) \_\_\_\_\_ Telephone (cell) \_\_\_\_\_  
Email Address \_\_\_\_\_

# COMPLAINT FORM

## Information regarding the financial advisor or the person targeted by your complaint

Financial Advisor's  
Name

---

Name of the Person  
Targeted by Your  
Complaint

---

Telephone (office)

---

Email Address

---

### IS IT ABOUT AN INSURANCE

LIFE

- Product name: \_\_\_\_\_
- Policy number: \_\_\_\_\_

ACCIDENT

- Product name: \_\_\_\_\_
- Policy number: \_\_\_\_\_

CRITICAL ILLNESS

- Product name: \_\_\_\_\_
- Policy number: \_\_\_\_\_

OTHER: \_\_\_\_\_

### IS IT ABOUT A PRODUCT

INVESTMENT AND RETIREMENT

- Product name: \_\_\_\_\_
- Policy number: \_\_\_\_\_

## Description of your complaint

- Please explain the nature of your complaint, and indicate the chronological order of the events that led to your complaint;
- Provide the dates and specific time, as well as the names of the people you had contact with;
- Briefly describe the steps you have taken;
- Please include additional pages if needed.

---

---

---

---

---

---

---

---

# COMPLAINT FORM

---

---

---

---

---

---

What result(s) are you expecting?  
What solution are you suggesting?

---

---

---

---

**Please include all documents that you can provide to support your complaint.**

For example: a life insurance policy, an account statement, a form, a correspondence with the company or any other relevant document. Please send copies of relevant documents. It is important that you keep the originals.

\_\_\_\_\_  
SIGNATURE OF COMPLAINANT

\_\_\_\_\_  
DATE