

**Instructions**

**Please note that before filling out a complaint form, you must have contacted the employee or department head with whom you have a disagreement.**

**If you are not satisfied with his or her response, you may fill out this form.**

- You will receive an acknowledgement of receipt within five (5) working days of the date the Company receives your complaint.
- We will contact you should we require more information.
- **Since there is no guarantee that information sent via the Internet will remain confidential, we recommend that you mail the form to Humania Assurance.**

**Part 1 - Identification of parties to the complaint****A) Personal information**

☐ Ms./Mrs    ☐ Mr

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal code: \_\_\_\_\_

Telephone number (home): \_\_\_\_\_ Telephone number (work): \_\_\_\_\_

Time when you can be reached: \_\_\_\_\_

**B) Information About the Company in Question**

Humania Assurance Inc. \_\_\_\_\_

Name of Complaint Officer    Mr. Jean-Patrice Dozois \_\_\_\_\_

Title:    Assistant Vice-President, Legal Affairs & Compliance \_\_\_\_\_

Address:    1555, Girouard Street West, St-Hyacinthe (Québec) J2S 2Z6 \_\_\_\_\_

Telephone:    450 771-1334, Montreal : 514 485-1334, Toll free: 1 800 363-1334 \_\_\_\_\_

Policy/certificate number: \_\_\_\_\_

## Part 2 - Description of your complaint

### A) What type of contract is involved?

☐ Individual ☐ Group ☐ Loan ☐ Annuity

### B) Description of your complaint

- Please describe the nature of your complaint. In chronological order, list the facts leading up to your complaint.
- If possible, specify the exact dates and times, as well as the names of the people who you contacted.
- Briefly describe the steps you took.
- Please attach any additional pages, if necessary.

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### C) As part of your complaint process, which of the following people did you contact:

- the head of the department: ☐ Yes ☐ No
- your insurance agent: ☐ Yes ☐ No
- a lawyer: ☐ Yes ☐ No
- another organization: ☐ Yes ☐ No

**If you answered yes to any of the above, what was the outcome of that process?**

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## Part 2 - Description of your complaint

D) By filling out this Complaint Form, what outcome are you expecting? What solution do you propose?

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## Part 3 - Documents for complaint review

To help us review your complaint, please enclose photocopies of all the documents you can provide to help us examine your complaint.

For example: an insurance policy, a statement of account, a form, an advertisement or marketing document, correspondence with the company, or any relevant document.

Please send us a copy of all relevant documents. It is important that you retain the originals.

## Part 4 - Date and signature of your complaint

Date: 

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Signature: 

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