

## FACSIMILE OF COMPLAINT TO IVASS

(to be transmitted in case of non-response of the company within 45  
days or in case of unsatisfactory response)

This form can be downloaded from the IVASS website ([www.ivass.it](http://www.ivass.it)) and forwarded by  
email, fax or ordinary mail:

**IVASS**  
**Servizio Tutela del Consumatore**  
**FAX: 06 42133206**  
**Via del Quirinale, 21**  
**00187 Roma**

**Pec:** [tutela.consumatore@pec.ivass.it](mailto:tutela.consumatore@pec.ivass.it)

### 1. Who submits the complaint

Indicate the name and address of the person submitting the complaint. It is useful to  
specify a telephone number, for any additional requests:

**Last name**.....  
**First name**.....  
**Address:** .....**n.**.....  
**City:**..... **Country** ..... **Post code**.....  
**Email:** .....  
**Phone**..... **Fax:**.....

If the complaint is submitted through a Law Firm, Accident Agency, Consumer Association or  
other, please enter the relevant contact details in the space below:

**Entity name**.....  
**Address:** .....  
**City:**..... **Country** ..... **Post code** .....  
**Email:** .....  
**Phone**..... **Fax:**.....

**Complaint against:**

**Insurance Company:** .....

**Subsidiary:** .....

**Relating to the Policy or claim specified below:**

**Policy n.** ..... **Issued on:** .....

**and/or**

**Claim n.:** ..... **incurred:** .....

**2. Subject of the complaint**

Specify the insurance product or services for which the complaint is raised:

☐ Motor insurance

☐ Life insurance

☐ Non-Life insurance

☐ Accident insurance

☐ Health insurance

☐ Insurance related to mortgages/loans

☐ General civil liability

☐ Liability of the professional

☐ Travel insurance

☐ Other :.....  
.....

Have you already complained about the same problem to the company?

☐ Yes

☐ No

If so, has the company provided feedback within the 45 days requested by the Regulation?

☐ Yes. The answer is not satisfactory (please indicate the reasons why you believe that the company's response is not satisfactory):

.....  
.....

No. Indicate:

☐

- the date on which the complaint was submitted.....

- 3. Briefly describe the reason for the complaint, the circumstances useful for the assessment and what is required of the company.**

#### 4. Annexes

**IMPORTANT:** Send as an attachment only the documentation useful and necessary to evaluate the conduct or service subject to this complaint.

Attach any correspondence already sent to the company and any response.

**Do not send medical documentation (such as copies of medical records or certificates), photos, identification documents containing sensitive data.**

The data transmitted will be processed exclusively for institutional purposes, by the staff and collaborators of the Institute, in compliance with EU Regulation 2016/679 on the protection of personal data. Outside of these hypotheses, the data will not be disclosed to third parties or disseminated, except in the cases specifically provided for by national or European Union legislation.

For more information on the protection of personal data, please consult the [dedicated page](#).

Documents sent via PEC must be sent exclusively in PDF format and have a size of less than 5 MB.

#### List of Annexes:

.....  
.....  
.....

**Date**

**SIGNATURE**

.....

Complainant .....

Proponent.....  
(on behalf of the complainant)

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For any clarification on the compilation, you can contact the Italian Consumer Contact Center:



This form is made available to consumers to lodge a complaint with IVASS, for the purpose of ascertaining compliance with the provisions of the Insurance Code, against insurance companies, in accordance with the procedure provided for by Regulation no. 24 of 19 May 2008 and subsequent amendments and integrations.