

Ombudsman Escalation Request (v2021.5)



Please note: The following form is designed to escalate your complaint to the Ombudsman at Peel Mutual Insurance Company. For the Ombudsman to be in a position to help you, instead of redirecting you, please ensure that you have followed the escalation steps below.

First Name: _____

Last Name: _____

Email Address: _____

Phone Number: _____

Policy Number: _____

Claim Number: _____

What is the nature of your complaint? Billing Claims Broker Service Vendor
 Policy – Personal Insurance Policy – Commercial Insurance

Have you discussed your concerns with your broker/agent, or claims adjuster? Yes No

If your concerns were not addressed in a satisfactory manner by your broker/agent, or claims adjuster, did you escalate your complaint to a Peel Mutual Insurance Manager? Yes No

Did you request a business position from a Peel Mutual Insurance Manager? Yes No

What is your complaint against Peel Mutual Insurance Company?

What impact has your complaint had on you?

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What is your requested outcome?

By submitting this complaint, I hereby declare that I am the above indicated and/or named insured and the information provided is true and accurate to the best of my ability.

Date: _____

Initials: _____