



Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_

FORWARD THIS FORM TO: (name of the person you are sending this form to) \_\_\_\_\_

## BUCKLEY INSURANCE BROKERS LTD. PERSONAL INFORMATION COMPLAINT FORM

Name: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

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

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

I wish to file a complaint regarding my personal information that is or has been held by Buckley Insurance Brokers Ltd.

Please provide the details of your complaint:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Preferred Method of Contact:

- Home Phone
- Work Phone
- E-Mail
- Mail to Home Address
- Other (please provide details below)

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You will receive a response within 30 days of our receipt of this document unless you are advised otherwise.

Please note that in some cases a written response will be required.

Please forward this document to:  
Buckley Insurance Brokers Ltd.  
247 Main Street South  
Newmarket, ON  
L3Y 3Z4

FOR BROKERAGE USE ONLY

Date Received: Received By:  
Date of Response: Response By: