Daystar
Financial Group Inc.

REQUEST FOR PERSONAL INFORMATION/COMPLAINT FORM

Client Name: _____

Address: _____

_____

_____

Telephone Number: (home)_____ (bus)_____

Email address: _____

Insurer: _____ Policy #:_____

I wish to file a request ☐ or complaint ☐ (check applicable box) regarding my personal information which is being or has been held or processed by the insurance broker.

(Please briefly state the nature of your request or complaint):

If more space required please attach a separate piece of paper

_____
Signature

_____
Date

FOR OFFICE USE ONLY:

Date Received:_____ Employee (print name):_____

Date Acknowledged:_____ Employee (print name):_____

Date of Response:_____ Employee (print name):_____