

Name: _____

Policy Number: _____

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

247 Main Street South
Newmarket, Ontario L3Y 3Z4
Phone: 1-800-665-7283
Fax: 1-877-441-4454
<http://www.buckleyins.com>



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:

Clicking below has the same legal effect as your handwritten signature:

I agree

I do not agree

Signature: _____

Date: _____

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<http://www.buckleyins.com>



Preferred Method of Contact:

Home Phone _____

Work Phone _____

E-Mail _____

Mail to Home Address _____

Other (please provide details below)

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: _____