INDIANA DEPARTMENT OF INSURANCE
Bail Bond Division
311 W. Washington Street, Suite 300
Indianapolis, IN 46204-2787
(317) 232-5249

COMPLETE BOTH PAGES OF THIS FORM. PLEASE TYPE OR PRINT CLEARLY IN BLACK INK.

Include copies of all pertinent documentation and return to the address listed above.

Your Name_____

Address_____
Street Address City County State Zip Code

Daytime Telephone Number(s) (____)_____ (____)_____

My complaint is against O Bail Agent O Other

Name_____

Address_____

Contact Person Phone Number_____

Please describe your problem. Be sure to include copies of any documentation you might have to support your complaint. Please attach additional sheets if more space is needed.

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I HEREBY AUTHORIZE the release of confidential information to the Department of Insurance

Date_____/_____/_____ Signature_____