**Section 926.EXHIBIT A Complaint Record**

**COMPLAINT RECORD**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Column A** | **Column B** | **Column C** | **Column D** | **Column E** | **Column F** | **Column G** | **Column H** |
|  |  |  |  |  |  |  |  |
| Identification Number | Reason Code | Coverage Code | Disposition after Complaint Receipt | Date Received | Date Closed | Insurance Department Complaint | State of Origin |

(Source: Amended at 43 Ill. Reg. 3246, effective February 25, 2019)