

P08 - Consumer Inquiries & Complaints

Policy

The Automobile Insurance Rate Board (AIRB) is committed to the fair, transparent, and consistent oversight of auto insurance pricing in Alberta. An effective consumer inquiry/complaint process supports regulatory accountability, promotes public confidence, and assists the AIRB in identifying potential compliance and systemic issues within the auto insurance market.

The AIRB receives, assesses, and responds to consumer inquiry/complaints in an impartial and timely manner consistent with its legislative mandate and public-sector standards of administrative fairness.

Authority

This policy is established under the authority of the AIRB's enabling legislation and related regulations governing auto insurance premiums in Alberta, in addition to the AIRB's mandate to provide public education and information on auto insurance.

Purpose

The purpose of this policy is to establish a consistent, documented process for receiving, assessing, and responding to consumer inquiries/complaints related to auto insurance pricing and rating practices and inquiries on shopping the market, or general auto insurance information.

This policy supports transparency, regulatory oversight, and continuous improvement of the auto insurance pricing framework. It does not create new rights or obligations beyond those established in legislation or regulation.

The AIRB does not act as an advocate for consumers or insurers, does not adjudicate disputes, and does not replace insurer complaint processes or Ombudsperson services. The AIRB's role is limited to regulatory oversight within its statutory mandate.

Guiding Principles

The AIRB Consumer Inquiry/Complaint Process is guided by:

- independence and impartiality,
- accessibility and clarity of communication,
- procedural fairness,
- transparency in regulatory decision-making, and
- protection of personal information in accordance with applicable privacy legislation and the AIRB's Privacy Management Program.

Roles and Responsibilities

The Executive Director of the AIRB, or delegate, is accountable for the overall administration of this policy and ensuring compliance with legislative and regulatory requirements.

The Manager of Education and Engagement is responsible for overseeing complaint intake, assessment, tracking, and resolution, and for ensuring service standards are met.

AIRB staff are responsible for accurately documenting complaints, conducting objective assessments, communicating with consumers and insurers, and escalating matters where warranted.

Complaints Within AIRB Jurisdiction

The AIRB may consider complaints raising concerns about:

- the application of auto insurance rates, rating factors, underwriting rules, discounts, or surcharges relative to AIRB-approved filings,
- compliance with the applicable insurance legislation and regulation, AIRB directives, Ministerial Orders, or approval conditions,
- individual underwriting decisions inconsistent with approved filings,
- potential systemic or recurring issues in insurer rating practices affecting more than one consumer, or
- insurer communications regarding premiums or rating impacts which may lack regulatory clarity or accuracy.

Complaints Outside AIRB Jurisdiction

The AIRB will not consider complaints related to:

- claims handling, coverage interpretation, fault determination, or settlement amounts,
- the affordability or perceived fairness of an individual premium where no regulatory non-compliance is alleged, or
- matters properly addressed through courts, Ombudsperson services, or other regulators.

Where a complaint is outside AIRB jurisdiction, the AIRB will inform the consumer and, where appropriate, refer them to the relevant body, such as the insurer's complaint process, the General Insurance Ombudservice, or the Superintendent of Insurance.

Procedures

Inquiry and Complaint Process Overview

1. Intake
 - Consumers submit inquiries/complaints via email, mail, phone, or social media.
 - AIRB logs all submissions in its tracking system.
2. Preliminary Assessment for complaints
 - Determine if the issue is within AIRB jurisdiction.
 - Confirm sufficient details are provided.
 - Complete within 5 business days of acknowledgment.
3. Information Gathering
 - Request additional details from consumer or insurer if needed.
 - Review filings, approvals, and relevant documents.
4. Resolution
 - Explain regulatory framework and confirm compliance.
 - Require corrective action if non-compliance is found.
 - Escalate systemic issues for broader review.
5. Communication
 - Inform consumer of outcome, findings, and next steps.
 - Maintain confidentiality and privacy.

Service Standards for Complaints

Inquiries are normally responded to within one business day.

Step

Timeline

Acknowledge complaint	Within two (2) business days
Preliminary assessment	Within five (5) business days
Request additional info	Within five (5) business days
Complete review	Within five (5) business days after info received

****Complex or systemic issues may take longer; consumers will be notified if timelines extend.**

Limitations

Participation in this process does not affect a consumer's right to pursue other remedies through insurers, Ombudsperson services, or courts.

Confidentiality and Privacy

All complaints are handled in accordance with applicable privacy and access-to-information legislation and the AIRB's Privacy Management Program. Information is used solely for regulatory purposes and disclosed publicly only in aggregated or anonymized form unless otherwise required by law.

Reporting and Continuous Improvement

AIRB publishes aggregated complaint data and trends in annual reports to support transparency and consumer education.

Approved by the AIRB: January 30, 2026, Effective February 1, 2026