Amid growing regulatory oversight, complaints are no longer matters just for customer service departments—they may be reported to industry regulators, as well. Failure to manage these complaints appropriately can lead to audits, fines, and reputational risk.

To manage complaints from multiple sources and channels—and maintain consistent records across the enterprise—insurers can no longer rely on spreadsheets and files. Meeting regulatory requirements, providing actionable information, and resolving issues fast requires a centralized database and comprehensive complaint management software.

**Provide exceptional customer service.**

The Appian Low-Code Platform helps insurers manage disputes and complaints from initiation to resolution. Insurers gain a unified overview of cases, plus the ability to identify patterns and detect fraud events beyond a single incident, enabling them to take action in real time to prioritize and allocate resources, evaluate performance, and provide evidence to regulators.

In particular, Appian helps insurers achieve the following benefits:

- **Quickly manage disputes** with automated processes and streamlined workflows. Improve customer service by ensuring timely, consistent handling of complaints, resolutions, and follow ups.

- **Unlock a single, unified view** across customers, suppliers, and other stakeholders.

- **Consolidate data** in a centralized database and with a 360-degree view.

- **Full complaint life cycle management** with real-time tracking, reporting, alerts, and escalations, helping insurers increase oversight and promote regulatory compliance.

For more information, visit [appian.com/insurance](http://appian.com/insurance).

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