



New York State Department of Financial Services
CONSUMER COMPLAINT FORM

Instructions:

- File a complaint with the institution or individual in question before filing a complaint with the DFS.
- Complete this form. Be as detailed as possible. Print very clearly and neatly in dark ink.
- Enclose or attach copies of all related documents concerning your transaction. Do not send originals!

About You

Name :

Street address:

City, state zip:

Home phone Number:

Business/Cell/Other phone Number:

About The Institution Or Individual You Are Complaining About

Name of Bank or Financial Institution:

Street address:

City / town:

Phone number:

The account number(s) related to this complaint (if any):

About The Transaction Or Complaint

Type of Complaint (check cashing, deposit, withdrawal, etc.):

(Add further details of your transaction or complaint to the area on page 2 where indicated)

Date of Transaction:

Approximate dollar amount involved: \$

What Relief or resolution are You Seeking?

About Your Original Complaint

Date You Complained to Institution:

How you complained (phone, Mail, In Person, etc.):

Person Contacted/Person who responded:

Date of Response:

Nature of Response:

More About This Complaint

Has this matter been submitted by another agency or attorney? (circle one): Yes No

If yes, Name and address of Attorney:

Is court action pending? (circle one): Yes No

Please describe complaint in detail here (or enclose a letter describing the complaint):

Multiple horizontal lines for text entry.

READ THE FOLLOWING BEFORE SIGNING BELOW: In order to resolve your complaint we may send a copy of this form to the person or firm you are complaining about. In filling this complaint, I understand that the Department of Financial Services is not my private attorney, but represents the public in enforcing laws designed to protect the public from misleading or unlawful business practices. I also understand that if I have any questions concerning my legal rights or responsibilities, I should contact a private attorney. I have no objection to the contents of this complaint being forwarded to the institution or person the complaint is directed against. The above complaint is true and accurate to the best of my knowledge.

Signature: _____ Date: _____

ATTACH OR ENCLOSE COPIES OF ANY DOCUMENTS THAT RELATE TO YOUR COMPLAINT (CONTRACTS, BILLS, CANCELLED CHECKS, CORRESPONDENCE, ETC.) DO NOT SEND ORIGINALS.