



**Instructions:**

- File a complaint with the insurer, institution, or individual in question before filing a complaint with 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:

Phone Number(s):

Email Address:

Representative: If you are filing this on behalf of someone else, provide your name, business name, address, phone, email address and your relationship to the person for whom you are filing.

**About the Insurer, Institution, or Individual You Are Complaining About**

Name of Business or Individual:

Street address:

City / town:

Phone number:

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

**About Your Complaint**

What product best describes your complaint: (Insurance, Banking, Mortgage, Student Loan, check cashing, etc.) (Add further details of your transaction or complaint to the area on page 2 where indicated):

Account/Policy/Claim Number:

Date of Loss, Service or Transaction:

Approximate dollar amount involved if any: \$

What Relief or resolution are You Seeking?

If this matter is regarding insurance is your policy being canceled? Yes:      No:

**Did you complain to the company?**

If Yes, Date You Complained to Insurer or Institution:

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

Person Contacted/Person who responded:

Date of Response:

Company 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):**

To resolve your complaint, we may send a copy of this form to the person or firm you are complaining about.

**READ THE FOLLOWING BEFORE SIGNING BELOW:** 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.**

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