



STATE OF ALABAMA STATE BANKING DEPARTMENT



COMPLAINT FORM

(Please type or print in black ink)

Date: _____

NOTE: For Complaints regarding **State Chartered Banks** please complete this form and mail it to:

State of Alabama Banking Department
P.O.Box 4600
Montgomery, AL 36103-4600
Telephone: (334) 242-3452 Fax: (334) 242-3500

For Complaints regarding all other Financial Institutions please complete this form and mail it to:

State of Alabama Banking Department
ATTN: Arlene Baldwin
P.O. Box 4600
Montgomery, AL 36103-4600
Telephone: (334) 242-3452 Fax: (334) 353-5961

Firm(s) and/or Person(s) Complaint is against:

Company Name: _____

Please Check One: Bank Finance Company Mortgage Broker Pawn Shop/Title Pawn
Check Casher Other(Please Identify) _____

Address: _____

City: _____ State: _____ Zip: _____

Who did you deal with? _____

Company's Phone Number: _____

Your Account Name: _____ Your Account Number: _____

Your Name: Mr., Ms., Or Mrs. _____
(circle one) First MI Last

Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: _____ Work Phone Number: _____

1. Have you contacted an attorney? Yes No

2. If yes please give attorney's name, address & phone number: _____

* If you answered yes to Question #1 above, continue completing this form. However, please be aware that the State Banking Department may be unable to act while there is pending litigation.

3. Would you be willing to testify, under oath, regarding the matters set forth in this complaint?

Yes No

4. Have you complained to the firm(s) and/or person(s) involved?

Yes No

5. If yes to Question #4 above, to whom did you complain to, and what was their response?

6. Did you sign any documents? Yes No

7. Place of Transaction: _____

8. Date of Transaction: _____ Witness to Transaction: _____

9. Other Government Agencies Contacted: _____

10. Briefly describe your complaint. Include specific dates. If the company/person involved is licensed with the State Banking Department, a copy of this form will be given to the company/person for response or action. If the company/person involved is not licensed with the State Banking Department, then we will forward your information to the proper regulatory authority. Please include a copy of all relevant documents with this complaint form. DO NOT SEND YOUR ORIGINAL DOCUMENTS.

(Attach additional sheets if necessary)

11. What action by the company/person involved would resolve this matter to your satisfaction?

By signing below, I verify, under penalty of law, that everything contained in the foregoing complaint is true and correct to the best of my knowledge and belief. I also give the State Banking Department of Alabama the right to forward this information to the proper regulatory authority if the company/person involved is not licensed with the Department.

Signature of Complainant

Date

For Departmental Use Only:	Date Received:	_____
	Date Settled:	_____
	Date Transferred:	_____
	Actions Taken by Dept.	_____
	Consumer Services Specialist:	_____ _____