

**STATE OF DELAWARE**  
**OFFICE OF THE STATE BANK COMMISSIONER**  
**COMPLAINT FORM**

**Please Note:** First, you should try writing the institution involved allowing a reasonable time for a response. If you are not satisfied, submit this completed, signed form with **copies** of all supporting documentation and correspondence to the address listed below. *We cannot act as a court of law or as an attorney on your behalf.*  
*We cannot give you legal advice.*  
*We cannot become involved in complaints that are in litigation or have been litigated.*

Your Information

Name (please print) \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

Financial Institution Information

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Account Number/Type \_\_\_\_\_  
(checking/savings/mortgage/other loan/credit card/CD/IRA/other – please list name)

Name, title and telephone number of person you have contacted, if applicable:

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**On the next page explain your complaint, briefly but completely. Use additional pages if necessary. Then sign and date the form and submit it with COPIES of all supporting documentation and correspondence to:**

**Office of the State Bank Commissioner**  
**555 E. Loockerman St., Suite 210**  
**Dover, DE 19901**  
**Phone: (302) 739-4235**  
**Fax: (302) 739-2356**

**Explain the Complaint**

**Have you filed this complaint with another regulator/agency: Yes \_\_\_ No \_\_\_**

**If yes, which agency? \_\_\_\_\_**

**My signature below gives you permission to share this complaint with the institution named herein and any other parties that are necessary, for you to conduct an investigation on my behalf.**

**Signature: \_\_\_\_\_**

**Date: \_\_\_\_\_**