

STATE OF DELAWARE
OFFICE OF THE STATE BANK COMMISSIONER
COMPLAINT FORM

Please Note: First, you should try writing the institution involved, allowing reasonable time for a response. If you are not satisfied, submit this form, completed and signed, 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

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 _____

Best Number for Daytime Contact _____

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

Continued on next page.

Explain the Complaint

(include what you would consider an acceptable resolution)

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 _____