

**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 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 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 Code \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Work phone \_\_\_\_\_

**Financial Institution Information**

Name of Institution \_\_\_\_\_

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

City, Street, Zip Code \_\_\_\_\_

Account Type \_\_\_\_\_

(Examples: Checking, Savings, Mortgage loan, Credit card, CD, IRA, Other)

Account Number \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

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

Office of the State Bank Commissioner  
Attn: Complaint Department  
1110 Forrest Avenue  
Dover, DE 19904  
Phone: (302) 739-4235  
Fax: (302) 739-2356

## Complaint Explanation

Have you filed this complaint with another regulatory agency? Yes \_\_\_ No \_\_\_

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

My signature below gives the Office of the State Bank Commissioner permission to share this complaint with the institution named herein and/or any other necessary parties for the Office of the State Bank Commissioner to conduct an investigation on my behalf.

Signature \_\_\_\_\_

Date \_\_\_\_\_