



Complaint #  
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Mail or fax this completed complaint form with any attachments to:

**Department of Banking and Consumer Finance**  
**901 Woolfolk Building, Suite A**  
**501 N. West Street**  
**Jackson, Mississippi 39201**  
**Telephone (601)359-1031, FAX (601)359-3557**  
**Toll free (800) 844-2499**

***Please Note:***

- We cannot act as a court of law or as a lawyer 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

Salutation: Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/>		Other:	
First Name:	Middle Initial:	Last Name:	
Street Address:			
City:		State:	Zip:
Home Phone:		Work Phone:	
Email:			
What is the best way to contact you? Phone <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/>			
What is the best time to contact you? Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/>			

## ADDITIONAL CONTACT INFORMATION

If you want us to communicate with someone else, such as a family member, attorney, or other person representing you about this complaint, then please provide your representative's information below. If you list someone else and sign this form, you allow us to communicate with and provide relevant information that is about you to that person.

Name of Representative:		
Relationship:		
Street Address:		
City:	State:	Zip:
Phone:		

## FINANCIAL INSTITUTION OR COMPANY INFORMATION THAT IS SUBJECT OF THE COMPLAINT

Please check one company type: Bank <input type="checkbox"/> Check Casher <input type="checkbox"/> Credit Union <input type="checkbox"/> Mortgage Company <input type="checkbox"/>		
Pawnshop <input type="checkbox"/> Small Loan Company <input type="checkbox"/> Title Pledge Lender <input type="checkbox"/> Other / Not Sure <input type="checkbox"/>		
Name of Financial Institution or Company:		
Street Address:		
City:	State:	Zip:
Phone:		
Type of Account(s): Credit Card <input type="checkbox"/> Checking <input type="checkbox"/> Mortgage <input type="checkbox"/> Other Loan <input type="checkbox"/>		Other:
Have you tried to resolve your complaint with your financial institution or company? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If Yes, When?	How? Phone <input type="checkbox"/> Mail <input type="checkbox"/> In Person <input type="checkbox"/>	Other
Contact Name:	Title:	
Have you filed a complaint or contacted another government agency? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If Yes, Agency Name?		
Is an attorney handling your complaint? Yes <input type="checkbox"/> No <input type="checkbox"/>		

## COMPLAINT INFORMATION

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Describe events in the order in which they occurred, including any names, phone numbers, and a full description of the problem with the amount(s) and date(s) of any transaction(s). You should also include any response from the financial institution or company.

Be as brief and complete as possible to make the explanation clear. Use separate sheet(s) of paper if you need more space.

Please include *COPIES* of documents related to your complaint such as contracts, monthly statements, receipts and correspondence with the bank. *DO NOT SEND ORIGINAL DOCUMENTS.*

Please be advised that the issues described in this complaint will be shared with the financial institution or company in question for their response.

## DESIRED RESOLUTION

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What action by the financial institution or company would resolve this matter to your satisfaction?

## PRIVACY ACT STATEMENT

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Privacy Act Statement if applicable

I certify that the information provided on, or with, this form is true and correct to the best of my knowledge.

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