



**DEPARTMENT OF BANKING AND CONSUMER FINANCE  
COMPLAINT FORM**

Complaint No. _____
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Mail or fax this completed complaint form with any attachments to:

**Department of Banking and Consumer Finance  
P. O. Box 12129  
Jackson, MS 39236-2129**

**Telephone: (601) 321-6901, FAX (601) 321-6933  
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. Ms. Mrs.		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	Mail Email
What is the best time to contact you?		Morning	Afternoon Evening
Please circle one company type:		Bank	Check Casher Credit Union Mortgage Company
Pawnshop		Small Loan Company	Title Pledge Lender Other / Not Sure

## 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:

Name of Financial Institution or Company:			
Street Address:			
City:	State:	Zip:	
Phone:			
Type of Account(s):			
Credit Card	Checking	Mortgage	Loan Other
Have you tried to resolve your complaint with your financial institution or company?			
Yes			No
If Yes, When?	How?	Phone	Mail In Person Other
Contact Name:	Title:		
Have you filed a complaint or contacted another government agency?			
Yes			No
If yes, agency name?			
Is an attorney handling your complaint?			
Yes			No

## 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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The information you provide will permit DBCF to facilitate a response to your complaint. This information may be shared with:

- The entity that is the subject of the complaint;
- Third parties as needed to obtain information relevant to the resolution of the complaint; and
- Other agencies or regulatory authorities for enforcement and regulatory purposes.

You are not required to file this complaint and may withdraw this complaint at any time. However, DBCF will not take any further action if you withdraw your complaint.

## CERTIFICATION (Required):

I certify that all information supplied by me is true to the best of my knowledge and that I am authorized to provide this information. I accept all responsibility for the content of my responses.

By signing your name on this form, you certify that DBCF is authorized to speak on your behalf regarding your loan, account, or transaction with the respondent; to receive any documents relating to the loan/account upon request; and to refer this complaint to another governmental agency.

Consumer Signature: \_\_\_\_\_ Date: \_\_\_\_\_