

STATE OF CONNECTICUT

Department of Banking
Consumer Affairs Division

260 Constitution Plaza
Hartford, CT 06103
Fax (860) 240-8178
Telephone (860) 240-8170



Please:

- Type or print clearly in dark ink
- Complete both pages of the form and submit it by mail, email or fax
- Attach copies of supporting documents - **do not send originals**

Note: Sending incomplete or unclear forms may delay the processing of your issue/complaint.

CONSUMER			
Your Name		Daytime Telephone #	Last 4 of your Social Security # (optional)
Your Address		City/Town	State Zip Code
Email Address (Optional)		Preferred Method of Contact <input type="checkbox"/> Telephone <input type="checkbox"/> Email <input type="checkbox"/> Mail	
COMPLAINT			
Name of Business Your Issue/Complaint is About		Account Number/Loan Number	
Street Address		City/Town	State Zip Code
Manner By Which You Complained To The Business <input type="checkbox"/> Telephone <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> In Person <input type="checkbox"/> Other, please describe			
Contact Person You Spoke To	Job Title	Telephone No.	Date(s)
Did The Business Respond (If Yes, how) <input type="checkbox"/> Yes <input type="checkbox"/> No			
Briefly Describe Your Issue/Complaint (Attach additional pages, if necessary)			
What Resolution Are You Seeking			
Have You Filed A Complaint With Another Agency? <input type="checkbox"/> Yes, Agency <input type="checkbox"/> No		Is Court Action Pending? (if Yes, enter docket number) <input type="checkbox"/> Yes <input type="checkbox"/> No	

READ THE FOLLOWING BEFORE SIGNING BELOW

In filing this complaint, I understand that the Department of Banking is not my private attorney. I should contact a private attorney if I have any questions concerning my legal rights or responsibilities. I also understand that information I submit to this agency may be considered public information subject to disclosure under the Connecticut Freedom of Information Act, Connecticut General Statutes Section 1-200 et. seq. or Section 36a-21 of the Connecticut General Statutes, which may provide additional protection from disclosure.

I further understand that I may be asked to testify in the event that the Department of Banking takes legal action in connection with my complaint.

By filing this complaint form, I authorize the Department of Banking to speak about my complaint or share this form and additional documentation included with the person or business I am complaining about or with other regulatory agencies.

The above complaint is true and accurate to the best of my knowledge.

Signature: _____ Date: _____