



Complaint #

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

**Department of Banking and Consumer Finance**  
**PO 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

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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

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