



New York State Department of Financial Services
CONSUMER COMPLAINT FORM

Instructions:

- File a complaint with the institution or individual in question before filing a complaint with the DFS.
- Complete this form. Be as detailed as possible. Print very clearly and neatly in dark ink.
- Enclose or attach copies of all related documents concerning your transaction. Do not send originals!

About You

Name :

Street address:

City, state zip:

Home phone Number:

Business/Cell/Other phone Number:

About The Institution Or Individual You Are Complaining About

Name of Bank or Financial Institution:

Street address:

City / town:

Phone number:

The account number(s) related to this complaint (if any):

About The Transaction Or Complaint

Type of Complaint (check cashing, deposit, withdrawal, etc.):

(Add further details of your transaction or complaint to the area on page 2 where indicated)

Date of Transaction:

Approximate dollar amount involved: \$

What Relief or resolution are You Seeking?

About Your Original Complaint

Date You Complained to Institution:

How you complained (phone, Mail, In Person, etc.):

Person Contacted/Person who responded:

Date of Response:

Nature of Response:

