



# The Commonwealth of Massachusetts

Office of the Commissioner of Banks  
1000 Washington Street, 10<sup>th</sup> Floor  
Boston, Massachusetts 02118-6400

## Consumer Complaint Form

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

Commonwealth of Massachusetts Division of Banks  
Attn: Consumer Assistance Unit  
1000 Washington Street, 10<sup>th</sup> Floor  
Boston, Massachusetts 02118-6400

Telephone: (617) 956-1500

Fax: (617) 368-2700

Email: [dobconsumer.assistance@mass.gov](mailto:dobconsumer.assistance@mass.gov)

### BEFORE YOU CONTINUE, PLEASE NOTE...

- ✓ The Division of Banks 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 where you are represented by an attorney, are in litigation, or have been litigated.
- ✓ We cannot accept complaints submitted by business entities or complaints involving commercial accounts.
- ✓ We do not regulate federally chartered banks or credit unions (e.g. Bank of America, Citizens Bank, TD Bank). Complaints against these institutions should be directed to the Consumer Financial Protection Bureau at [cfpb.gov](http://cfpb.gov).

### 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:
Primary Phone:		Secondary Phone:	
Email:			
What is the best way to contact you? Phone <input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/>			
What is the best time to contact you? Morning <input type="checkbox"/> Afternoon <input type="checkbox"/>			

## ADDITIONAL CONTACT INFORMATION

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If you want us to communicate with someone else, such as a family member 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:		
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?		

## 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?

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

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