



The Commonwealth of Massachusetts

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

Consumer Complaint Form

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

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

Telephone: (617) 956-1500
Fax: (617) 368-2700

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.
- The Division of Banks cannot become involved in disputes between business entities and a financial institution.

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

ADDITIONAL CONTACT INFORMATION

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

Name of Financial Institution or Company:		
Street Address:		
City:	State:	Zip:
Phone:		
Type of Complaint		
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

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

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:** _____