

STATE OF DELAWARE
OFFICE OF THE STATE BANK COMMISSIONER
COMPLAINT FORM

Please Note: First, you should try writing the institution involved allowing a reasonable time for a response. If you are not satisfied, submit this completed, signed form with **copies** of all supporting documentation and correspondence to the address listed below. *We cannot act as a court of law or as an attorney 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

Name (please print) _____

Street Address _____

City, State, Zip _____

Home Telephone _____ Work Telephone _____

Financial Institution Information

Name _____

Street Address _____

City, State, Zip _____

Account Number/Type _____
(checking/savings/mortgage/other loan/credit card/CD/IRA/other – please list name)

Name, title and telephone number of person you have contacted, if applicable:

On the next page explain your complaint, briefly but completely. Use additional pages if necessary. Then sign and date the form and submit it with COPIES of all supporting documentation and correspondence to:

Office of the State Bank Commissioner
555 E. Loockerman St., Suite 210
Dover, DE 19901
Phone: (302) 739-4235
Fax: (302) 739-2356

