

State of Ohio, Department of Commerce

Division of Financial Institutions

Consumer Complaints

77 South High Street, 21st Floor

Columbus, OH 43215-6120

(800)321-3100 FAX: (614) 644-1631

www.com.state.oh.us/dfi

Ted Strickland
GovernorKimberly A. Zurz
Director**COMPLAINT FORM****INSTRUCTIONS:**

1. **Our authority is limited to those institutions which are chartered or supervised by the Ohio Division of Financial Institutions.**
2. Print or type all information.
3. Be specific, explaining the problem in detail. Include names of persons you talked to and when, dates, places, etc.
4. Attach **COPIES** of documents to support your claim. Keep **ORIGINALS** for your records.
5. A copy of this complaint will be provided to the institution.
6. Return the completed form to the Division of Financial Institutions at the address above. Keep a copy for your records.

CONSUMER INFORMATION:

Select: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss	Last Name:	First Name:	Middle Initial:
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Address:

City:	State:	Zip:
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What is the best way to contact you during the day?

Telephone _____ E-mail _____ Other _____

Is your complaint currently the subject of pending litigation?

Yes No

If Yes, please continue completing this form; however, we cannot provide legal advice or act as your attorney, and cannot intervene on your behalf.

COMPLAINT INFORMATION:

Financial Institution Name:

Address:

City:	State:	Zip:
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Name in which account is listed:	Name of person contacted:	Date of last contact:
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Type of Complaint:

<input type="checkbox"/> ATM	<input type="checkbox"/> Auto Lease	<input type="checkbox"/> Certificate of Deposit	<input type="checkbox"/> Checking Account	<input type="checkbox"/> Commercial Loan
<input type="checkbox"/> Consumer Loan	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Debit Card	<input type="checkbox"/> Insurance Product	<input type="checkbox"/> Investments
<input type="checkbox"/> Mortgage/Home Equity	<input type="checkbox"/> Privacy Issues	<input type="checkbox"/> Safety Deposit Box	<input type="checkbox"/> Trust	<input type="checkbox"/> Other

Please provide details of the complaint on the following page. Attach additional pages as needed.

