



State of Rhode Island Department of Business Regulation

DIVISION OF BANKING

COMPLAINT FORM

Please read carefully. We will be best able to assist you if you do the following;

1. Answer as many questions as possible, providing full names, titles, addresses, emails and phone numbers.
2. Attach **COPIES** of any letters, documents, contracts, receipts etc. that support the allegations in your complaint. (DO NOT SEND ORIGINALS OR YOUR BANK BOOK).
3. If the word "Federal," "National", or the initials "FSB" or "NA" are part of the bank's name, it is not regulated by the state or the Department of Business Regulation ("Department"). Any complaint regarding one of these institutions can be handled by contacting the agency which does regulate them;

Office of the Comptroller of the Currency

1301 McKinney St. Suite 1410

Houston TX 77010-9050

1-800-613-6743

OCC.gov

4. Because of the complexity of some complaints, delays in processing may occur. We will make every effort to respond expeditiously to your complaint.
5. This department will thoroughly investigate your complaint. In order to initiate our investigation, we will send a copy of this complaint to the bank, credit union, company or individual which you have identified in this complaint. A written response will be required. While the Department will make every effort to bring about a satisfactory resolution, this Department only has jurisdiction to take certain statutorily defined regulatory actions against the regulated entity/individual. The Department does not have jurisdiction to order the entity/individual against whom you are filing the complaint to return or refund money to you. In some instances, occasionally, a resolution may not lie within the jurisdiction of this Department. If that is the case, we may suggest you seek an attorney to pursue the case, possibly suing in small claims court.
6. If you have any questions about completing this form, please call the Division of Banking.

PLEASE PRINT AND ANSWER AS MANY QUESTIONS AS POSSIBLE

COMPLAINT FILED BY:

Name (Mr. Mrs. Ms.) _____

Number and Street _____

City or Town _____ State _____ Zip _____

Phone _____ Email Address _____

COMPLAINT FILED AGAINST:

Name of Bank, Credit Union, Company or Individual _____

Number and Street _____

City or Town _____ State _____ Zip _____

Phone(s) _____

Person(s) you dealt with, and their position(s) (Manager, Vice President etc.)

Name _____ Position _____ Tel. _____

Name _____ Position _____ Tel. _____

Was a contract signed? Y or N _____ (If yes, please enclose a copy)

BRIEFLY STATE THE FACTS OF YOUR COMPLAINT BELOW;

STATE THE REMEDY YOU WOULD PREFER;

The information included on this form is true, correct and complete to the best of my knowledge. I authorize you to obtain any relevant documentation from any party concerned.

Please sign, date and return to:

Department of Business Regulation

Division of Banking

1511 Pontiac Avenue

Bldg. 68-1

Cranston, RI 02920

Tel: (401) 462-9503

Fax: (401)462-9536

Signature _____ Date _____