

## Vermont Banking Division Consumer Complaint Form

**Please Note:**

- We cannot offer legal advice.
- We cannot become involved in complaints where you are represented by an attorney, are in litigation, or have been litigated.
- If your dispute involves contract interpretation, questions of fact, or other legal issues that fall under the jurisdiction of the courts, you will be advised to seek legal counsel.

The Vermont Banking Division does not regulate all financial institutions in Vermont. If your complaint involves an entity that is not regulated by the Vermont Banking Division, then the matter will be forwarded to the appropriate governmental regulatory agency.

### Your Information

---

Salutation: Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Other: _____			
First Name: _____		Middle Initial: _____	Last name: _____
Street Address/P.O. Box: _____			
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 complain, 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/P.O. Box: _____		
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: Loan <input type="checkbox"/>	Deposit <input type="checkbox"/>	Other <input type="checkbox"/> Account Number:
Have you tried to resolve your complaint with the entity? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If Yes, When?	How? Phone <input type="checkbox"/>	Mail <input type="checkbox"/> 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 entity.

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 entity. DO NOT SEND ORIGINAL DOCUMENTS.

## Desired Resolution

---

What action by the entity would resolve this matter to your satisfaction?

Please be advised that the issues described in this complaint will be shared with the entity in question for their response.

I certify that the information provided on, or with, this form is true and correct to the best of my knowledge. I authorize the Vermont Department of Banking, Insurance, Securities and Health Care Administration to obtain any relevant documentation from any concerned party in order to investigate the issues outlined in this complaint.

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

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

**Vermont Department of Banking, Insurance, Securities and Health Care Administration**  
**Banking Division – Consumer Assistance**  
89 Main Street  
Montpelier, VT 05620-3101  
Telephone: (888) 568-4547  
Fax: (802) 828-1477