



COMPLAINT FORM

Instructions for completing and filing the Complaint Form

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| <p>1. Download or print the Form, then complete all applicable fields with the requested information.</p> <p>2. Provide detailed information in your complaint description.</p> <p>3. Provide a copy of all supporting documentation – DO NOT send any originals with your complaint.</p> | <p>4. Send the complaint and supporting documentation by regular mail, facsimile, or electronic mail (e-mail) to the Division of Banking. <i>NOTE: If filing electronically, scan and/or save the completed complaint form with related attachments to a PDF file, a Word doc, or Zip file, and attach to your E-mail.</i></p> |
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1. COMPLAINANT: (Print or Type)

Individual Name(s):	Additional Complainant (if applicable):
Street Address:	
City, State, & Zip Code:	Business Name (if applicable):
Primary Phone Number:	Fax Number:
E-mail Address:	Alternate / Cell Phone Number:

2. FINANCIAL INSTITUTION: (Print or Type)

Institution Name:	Institution Phone Number
Street Address:	
City, State, & ZIP Code:	Institution Fax Number:
Contact Name / Title:	Contact Phone Number:
Contact E-Mail Address:	Contact Fax Number (if different than Institution):
Date of Disputed Transaction:	Disputed Amount:

3. DESCRIPTION OF THE COMPLAINT: (If necessary, attach additional sheets to the back of this form.)

4. PROPOSED RESOLUTION: (If necessary, attach additional sheets to the back of this form.)

Signature _____

Date _____

1560 Broadway, Suite 975, Denver, CO 80202

Phone: 303-894-7575

Fax: 303-894-7570

Email: DORA_BankingWebsite@state.co.us

