| STATE OF COLORADO **Department of Regulatory Agencies** Colorado Division of Banking | State of Colorado Seal |
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| **Instructions for completing and filing the Complaint Form** | |
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| 1. Download or print the Form, then complete all applicable fields with the requested information.  2. Provide **detailed** information in your complaint description.  3. Provide a **copy** of all supporting documentation – **DO NOT** send any originals with your complaint. | 4. Send the complaint and supporting documentation by regular mail, facsimile, or electronic mail (e-mail) to the Division of Banking. ***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.* |

**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.)

Text box for complaint text

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

Text box for Proposed Resolution



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SignatureDate

| **1560 Broadway, Suite 975, Denver, CO 80202**  **Phone: 303-894-7575 Fax: 303-894-7570 Email:** [**DORA\_BankingWebsite@state.co.us**](mailto:DORA_BankingWebsite@state.co.us) |
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