



COLORADO

Department of
Regulatory Agencies
Division of Banking

COMPLAINT FORM

1560 Broadway, Suite 975, Denver, Colorado 80202

INSTRUCTIONS FOR COMPLETING AND FILING THE COMPLAINT FORM

1. Download or print the Form, then complete all required fields with the requested information. Fields with an * are required.
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 DORA_BankingWebsite@state.co.us.
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: Individual(s) or Business filing the complaint (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: Financial Institution the complaint is against (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 this form.)

Signature

Date

Signature

Date

Phone: 303-894-7575 | Fax: 303-894-7570 | Email: DORA_BankingWebsite@state.co.us