



**State of Rhode Island**  
**Department of Business Regulation**



**DIVISION OF BANKING**  
**COMPLAINT FORM**

**Please read carefully.** We are best able to assist you with your complaint if you do the following:

1. Answer as many questions as possible, giving full names, titles, addresses, and phone numbers.
2. Attach copies of any letters, documents, contracts, or receipts that support the allegations in your complaint.  
(DO NOT SEND ORIGINALS OR YOUR BANK BOOK).
3. If the word "Federal," "National," or the initials "F.S.B." or "NA." are part of the bank's name, it is not regulated by the state or the Department of Business Regulation ("Department"). We will refer you to the correct agency.
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 this complaint to return or refund money to you. Therefore, occasionally, a resolution may not lie within the jurisdiction of this Department. If that is the case, we may suggest you seek an attorney, sue in small Claims Court, or refer you to an appropriate agency.
6. If you have any questions on 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 \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

**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 positions (Manager, Vice Pres., etc.)**

Name \_\_\_\_\_ Position \_\_\_\_\_ Tel. \_\_\_\_\_  
 Name \_\_\_\_\_ Position \_\_\_\_\_ Tel. \_\_\_\_\_

Was contract signed? \_\_\_\_\_ (if yes, please enclose a copy)

BRIEFLY STATE THE FACTS OF YOUR COMPLAINT BELOW.

Include the types of accounts, date(s) of transaction(s), correspondence, etc., the reason you feel there is a problem; the steps you have taken to resolve the dispute yourself; and the bank, credit union, company or individual's response.

PLEASE WRITE CLEARLY AND ATTACH ADDITIONAL PAPER IF NECESSARY.

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STATE THE REMEDY YOU WOULD PREFER.

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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. 68-2**  
**Cranston, RI 02920**

Tel: (401) 462-9503

Fax: (401) 462-9532

Signature \_\_\_\_\_ Date \_\_\_\_\_