

MISSOURI DIVISION OF FINANCE Complaint Form

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

**MISSOURI DIVISION OF FINANCE
P. O. BOX 716
JEFFERSON CITY, MISSOURI 65102-0716
PHONE: 573-751-3242
FAX: 573-751-9192**

Please Note:

- We cannot act as a court of law or as a lawyer on your behalf
- We cannot give you legal advice
- We cannot become involved in complaints that are in litigation or have been litigated

YOUR INFORMATION

Salutation: Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/>		Other:	
First Name:	Middle Initial:	Last Name:	
Street Address:			
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, attorney, or other person representing you about this complaint, 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:		
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 Account(s): Credit Card: <input type="checkbox"/> Checking <input type="checkbox"/> Mortgage <input type="checkbox"/> Other:		
Have you tried to resolve your complaint with your financial institution or company? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If Yes, When?	How? Phone <input type="checkbox"/> Mail <input type="checkbox"/> In 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 financial institution or company.

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 financial institution or company. **DO NOT SEND ORIGINAL DOCUMENTS.**

Please be advised that the issues described in this complaint will be shared with the financial institution or company in question for their response. It may also be shared with other government agencies.

DESIRED RESOLUTION

What action by the financial institution or company would resolve this matter to your satisfaction?

I certify that the information provided on, or with, this form is true and correct to the best of my knowledge.

Signature: _____ **Date:** _____