

The Official Website of the Office of Consumer Affairs & Business Regulation (OCABR)

Mass.Gov

## Consumer Affairs and Business Regulation

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[Division of Banks](#)

## Printable Consumer Complaint Form

By the [Division of Banks](#)

You may print this consumer complaint form as an Adobe Acrobat [PDF file](#), download it as a Microsoft [Word 6.0 file](#), or select Print from your browser's File pull-down menu.

PLEASE PRINT. Answer as many questions as possible. (\* See notes below)

### COMPLAINT REPORTED BY:

Name (Mr. Mrs. Ms.) \_\_\_\_\_

Number and Street \_\_\_\_\_

City or Town \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Business Phone \_\_\_\_\_

### COMPLAINT REPORTED AGAINST:

Name of Bank or Company \_\_\_\_\_

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)

**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 name, titles, addresses, and phone numbers.
2. Attach copies of any letters, documents, contracts, or receipts pertinent to your complaint. (DO NOT SEND ORIGINALS OR YOUR BANK BOOK).
3. If the word "Federal," "National," or the initials "N.A." are in the bank's name, it is not regulated by the state. We will refer you to the correct agency.
4. Because of the complexity of some complaints, delays in processing do occur. We will make every effort to respond expeditiously to your complaint.
5. This Office will thoroughly investigate your complaint and make every effort to bring about a satisfactory resolution. Occasionally, a resolution may not lie within the jurisdiction of this office. If this is the case, we may advise you to seek an attorney, to sue in small Claims Court, or refer you to an appropriate agency.

**BRIEFLY STATE THE FACTS OF YOUR COMPLAINT.**

Include the types of accounts, dates of transactions, correspondence, etc., the reason you feel there is a problem; the steps you have taken to resolve the dispute yourself; and the bank or company's response.

**PLEASE WRITE CLEARLY.** Use extra paper if necessary.

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**STATE THE REMEDY YOU WOULD PREFER.**

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In order to resolve this complaint, we may send a copy of this form to the bank or company you are complaining against.

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 :

Division of Banks  
Attn.: Consumer Assistance Section  
One South Station  
Boston, MA 02110

Tel: (800) 495-2265 ext. 1501 within Massachusetts,  
(617) 956-1500 ext. 1501 outside of Massachusetts  
Fax: (617)956-1599  
TDD: (617)956-1577

Signature \_\_\_\_\_

Date \_\_\_\_\_