



**Department of Banking and Consumer Finance**

901 Woolfolk Building, Suite A  
501 N. West Street  
Jackson, Mississippi 39201  
Phone (601) 359-1031, FAX: (601) 359-3557

**Complaint Form**

# \_\_\_\_\_  
(assigned by DBCF)

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Please check one:  Small Loan Company  Check Casher  Pawnshop  Title Pledge  
 Mortgage Company  Bank  Credit Union  Other/Not Sure

Name of Company: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address of Company: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Account Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

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Your Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

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1. Is an attorney handling your complaint?  Yes  No

2. If yes to Question 1 above, give name, address, and phone number of attorney or agency: \_\_\_\_\_  
\_\_\_\_\_

\*If you answered yes to Question #1 above, continue completing this form. However, please be aware that the Department of Banking and Consumer Finance may be unable to act while there is pending litigation.

3. Have you submitted your complaint to any other Government agency or federal regulator?  Yes  No

4. If yes to Question 3 above, give name and address or phone number of other agency or federal regulator: \_\_\_\_\_  
\_\_\_\_\_

5. Have you complained to the firm(s) and/or person(s) involved?  Yes  No

6. If yes to Question 5 above, to whom did you complain, and what was their response? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Briefly describe your complaint. Include specific dates. A copy of this form will be given to the financial institution/business for response or action. **Attach additional sheets if necessary.** Attach **COPIES** of any relevant documents that you feel support the content of your complaint against the financial institution/business. **DO NOT SEND ORIGINALS TO THIS OFFICE.**

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8. What action by the company/person involved would resolve this matter to your satisfaction?

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**NOTICE: The Mississippi Public Records Act may require the Department of Banking and Consumer Finance to release a copy of your complaint when applicable.**

By signing below, I verify, under penalty of law, that everything in the foregoing complaint is true and correct to the best of my knowledge and belief. I also give the Department of Banking and Consumer Finance the right to forward this information to the proper regulatory authority if the company/person involved is not regulated/licensed with the Department.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Please return this form along with COPIES of any additional information to:

**Mississippi Department of Banking and Consumer Finance**  
**Attn: Complaint Division**  
**P.O. Box 23729**  
**Jackson, MS 39225-3729**