

New Jersey Department of Banking and Insurance
Consumer Inquiry and Case Preparation Unit
P. O. Box 471
Trenton, New Jersey 08625-0471
Fax: (609) 777-0508

If you previously contacted the Department and were given a CICPU tracking number, please enter it below.

CICPU Tracking # _____

**New Jersey Division of Banking
Complaint Form**

PLEASE PRINT OR TYPE:

Your Name(s): _____

Home Address: _____

City/State/Zip Code: _____

Home Phone: _____ Business Phone: _____

Cell / Pager: _____ E-mail Address: _____

COMPLAINT AGAINST

Name of Entity: _____

Address: _____

City/State/Zip Code: _____

Phone: _____

Date of transaction/issue: _____

Loan Number (if applicable): _____

PLEASE ATTACH A BRIEF TYPED OR CLEARLY WRITTEN SUMMARY OF YOUR COMPLAINT. THIS SUMMARY SHOULD INCLUDE WHAT TYPE OF RESOLUTION YOU WOULD LIKE TO SEE IN THIS MATTER.
(Be sure to enclose copies of any documentation to support your claim)

PLEASE NOTE: As an initial step, you should try to address this matter in writing with the entity involved and allow a reasonable period of time for a response. To facilitate your complaint, please provide the Department of Banking and Insurance with written evidence of your efforts to resolve this matter, including copies of replies you have received. If you already have such evidence, please submit it along with this completed form.

Signature(s): _____ Date: _____
