

**REGULATION & LICENSING DEPARTMENT
FINANCIAL INSTITUTIONS DIVISION
2550 CERRILLOS ROAD
P.O. BOX 25101 (87504)
SANTA FE, NEW MEXICO 87505
PHONE: 505-476-4885
FAX: 505-476-4670**

COMPLAINT FORM

In filing this complaint, I understand that the Financial Institutions Division does not serve as a private lawyer in representing private citizens. I am filing this complaint to notify your office of activities of a regulated industry and to request your assistance in resolving this matter.

PLEASE TELL US ABOUT YOURSELF

Name _____

Address _____

City _____

State _____ Zip _____

Home Phone No. _____

Work Phone No. _____
or daytime phone

YOUR COMPLAINT IS AGAINST

Business Name _____

Individual's Name _____

Type of Business _____

Address _____

City _____

State _____ Zip _____

Phone No. _____

**PLEASE INCLUDE THE FOLLOWING INFORMATION TO EXPEDITE LOAN
LOCATION AND RESEARCH.**

Cell Phone: _____

Fax Number: _____

Social Security Number _____

Loan Account Number: _____

WHAT IS YOUR COMPLAINT? (ATTACH ADDITIONAL SHEETS AND DOCUMENTATION AS JUSTIFICATION)

WHAT WOULD YOU CONSIDER A SATISFACTORY RESOLUTION OF THIS COMPLAINT? (ATTACH ADDITIONAL SHEETS IF NECESSARY)

IF YOU SIGNED A CONTRACT, PLEASE ATTACH A COPY OR COPIES OF ALL RELATED MATERIAL.

HAVE YOU REFERRED THIS MATTER TO AN ATTORNEY OR THE COURTS?
_____YES_____NO

IF YES, THIS OFFICE CANNOT MEDIATE THE COMPLAINT, THIS OFFICE DOES NOT MEDIATE COMPLAINTS ONCE THEY ARE FILED WITH THE JUDICIAL SYSTEM I.E., (BANKRUPTCY, FORECLOSURES, ETC.).

A COPY OF THIS COMPLAINT MAY BE SENT TO THE PERSON AGAINST WHOM I AM FILING THIS COMPLAINT. I FURTHER UNDERSTAND THAT IF I HAVE KNOWINGLY FILED FALSE OR MISLEADING INFORMATION THE FINANCIAL INSTITUTIONS DIVISION MAY CLOSE THIS COMPLAINT.

YOUR SIGNATURE

DATE