

Complaint Form

Financial Institutions or Enterprises

Se	ction	2

Page 1 of 3

Instructions:

- Please type or print in black ink.
- A copy of this complaint will be provided to the person or firm you are complaining against.
- Explain the problem in detail, include all important information, such as dates, places, contracts, letters, advertisements, sales slips or other documents that may support your complaint.
- Please complete the complaint form and email it to financial.institutions@difi.az.gov along with supporting
 documentation. Our ability to assist you will depend upon your giving us a complete and detailed statement
 including any misrepresentation made to you. Keep all original supporting documents for your files.

including any misrepresentation mad	e to you. Keep all	originai supporting do	cuments for you	ur files	S.			
Your Information:								
□ Mr. □ Ms. Name:								
☐ Mrs. ☐ Miss Address Line 1:								
Address Line 1.								
Address Line 2:								
O't ::			Otata		7:- OI-			
City:			State: Zip Code:					
Home Phone:	Cell Phone:		Work Phone:	-				
Firm(s) and/or Person(s) Complaint is	against:							
Company Name:								
Address Line 1:								
Address Line 2:								
City:			State:	2	Zip Code	e:		
Phone:		FAX:		•				
Additional Information:								
Would you be willing to testify, under or	ath regarding the m	atters set forth in this	complaint?					
1. Wedia you be willing to teetily, ander of	atti, rogaranig tilo ili	attoro oot fortir iii tillo	complaint.	Yes		ΠN	lo	
2. Have you complained to the firm(s) and/or person(s) involved?			╧					
(-)	(-)			Yes		N	lo	
To whom?								_
What was their response?								
3. Did you sign any documents?								
3. Did you sign any documents:				Yes	T	П	lo	
4. Have you contacted an attorney?				100	- L	Ш.,	<u> </u>	
If Yes, please give Attorney's Name:				Yes		\top	No	
Name:								
Address Line 1:								
Address Line 2:								

 Telephone: (602) 771-2800
 See our website at www.difi.az.gov

 100 N. 15th Avenue Suite 261
 Form: COMPLAINT-001

 Phoenix, AZ 85007
 Revised 04/04/2024

Arizona Department of Financial Institutions

Complaint Form



Section 2

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			Section 2 Page 2 of 3
City:		State:	Zip Code:
If you answored Ves to Oue	etion #4 above, please be aware tha	at the Department may not be u	unable to act while
there is pending litigation.	stion #4 above, please be aware tha	it the Department may not be t	mable to act wrille
there is perioning intigation.			
Description:			
Place of Transaction:			
Date of Transaction:	Witness to Transaction:		
Product or service involved			
Other government agencies	contacted:		
Please explain the entire cir	cumstances surrounding your comp	laint below.	
			_
-			
			_
Resolution:			
	nd/or person(s) would resolve this m	natter to your satisfaction?	

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Arizona Department of Financial Institutions		
Complaint Form		
	Section 2	Page 3 of 3
		
I verify, under penalty of law, that everything contained in the foregoing complaint is true and corr knowledge and belief.	ect to the bes	st of my
Signature of Complainant	Dat	e

Please include all supporting documentation with this complaint form.

 Telephone: (602) 771-2800
 FAX: (602) 381-1225
 See our website at www.azdfi.gov

100 N. 15th Avenue Suite 261 Phoenix, AZ 85007 Form: COMPLAINT-001
Revised 01/31/2006