

Vermont Banking Division Consumer Complaint Form

Please Note:

- We cannot offer legal advice.
- We cannot become involved in complaints where you are represented by an attorney, are in litigation, or have been litigated.
- If your dispute involves contract interpretation, questions of fact, or other legal issues that fall under the jurisdiction of the courts, you will be advised to seek legal counsel.

The Vermont Banking Division does not regulate all financial institutions in Vermont. If your complaint involves an entity that is not regulated by the Vermont Banking Division, then the matter will be forwarded to the appropriate governmental regulatory agency.

Your Information

Salutation: Mr. □ Ms.□ Mr	S. □ Other:			
First Name: M	iddle Initial: Last name:			
Street Address/P.O. Box:				
City:	State: Zip:			
Home Phone:	Work Phone:			
Email:				
What is the best way to contact you? Phone □ Mail □ Email □				
What is the best time to contact you? Morning □ Afternoon □ Evening □				
Additional Contact Information				
If you want us to communicate with someone else, such as a family member or other person representing you about this complain, then please provide your representative's information below. If you list someone else and sign this form, you allow us to communicate with and provide relevant information that is about you to that person.				
allow us to communicate with a				
allow us to communicate with a				
allow us to communicate with a that person.				
allow us to communicate with a that person. Name of Representative:				
allow us to communicate with a that person. Name of Representative: Relationship:				
allow us to communicate with a that person. Name of Representative: Relationship: Street Address/P.O. Box:	and provide relevant information that is about you to			

Financial Institution or Company Information That is Subject of the Complaint

Name of Financial Institution or Com	nanv:		
Street Address:	parry.		
City:	State:	Zip:	
Phone:	Totato.	<u>_</u> .p.	
Type of Complaint: Loan □ Deposit	☐ Other ☐ Account Nui	mber:	
Have you tried to resolve your complaint with the entity? Yes No			
If Yes, When?	How? Phone ☐ Mail ☐ F	Person □ Other □	
Contact Name:	Title:		
Have you filed a complaint or contacted another government agency? Yes □ No □			
If Yes, Agency Name?			
Comp	plaint Information		
Describe events in the order in which numbers, and a full description of the transaction(s). You should also include	problem with the amount(s)) and date(s) of any	
Be as brief and complete as possible sheet(s) of paper if you need more sp	-	ear. Use separate	
Please include COPIES of document monthly statements, receipts and cor ORIGINAL DOCUMENTS.	•		

Desired Resolution

Signature:	Date:
I certify that the information provided on, or work of my knowledge. I authorize the Vermont D any relevant documentation from any concer outlined in this complaint.	epartment of Financial Regulation to obtain
Please be advised that the issues described entity in question for their response.	in this complaint will be shared with the
What action by the entity would resolve this	matter to your satisfaction?

This form must be signed and the original with any attachments mailed or faxed to:

Vermont Department of Financial Regulation Banking Division – Consumer Assistance

89 Main Street Montpelier, VT 05620-3101 Telephone: (888) 568-4547 Fax: (802) 828-1477

Scanned documents may be emailed to: DFR.BnkConsumer@vermont.gov