



WEST VIRGINIA DIVISION OF FINANCIAL INSTITUTIONS
900 PENNSYLVANIA AVENUE, SUITE 306
CHARLESTON, WEST VIRGINIA 25302-3542
www.dfi.wv.gov

Jim Justice
Governor

(304) 558-2294
Fax: (304) 558-0442

Dawn E. Holstein
Acting Commissioner

Dear Consumer:

Thank you for contacting the West Virginia Division of Financial Institutions

As our representative explained to you, it is our policy that complaints of this type be submitted in written form so that we may have your written permission and direction to inquire into your account that is related to this complaint and so that we may better respond to your concerns. Enclosed you will find a consumer complaint form. Please fill in the form with as much detail as possible. Also, please submit any photocopies of documents that may assist us in addressing your complaint.

The Division of Financial Institutions can only respond to complaints against state-chartered banks, state-chartered credit unions, non-bank consumer finance companies operating in West Virginia and non-bank mortgage lenders and brokers offering West Virginia mortgage loans on residential real estate. If your complaint involves other persons or entities subject to the **West Virginia Consumer Protection Act**, you should contact the West Virginia Attorney General's Consumer Protection Division at (304) 558-8986 or 1-800-368-8808.

Again, thank you for contacting the Division of Financial Institutions. We will begin addressing your concerns within approximately two weeks of receipt of the completed consumer complaint form.

WV DIVISION OF FINANCIAL INSTITUTIONS

Consumer Complaint Form

Instructions:

Please complete ALL of the following questions that relate to your problem.

Please Note:

- We cannot act as a court of law or as a lawyer on your behalf
- We cannot give you legal advice
- We cannot become involved in complaints that are in litigation or have been litigated

Please send the completed form to:

**Consumer Complaints
West Virginia Division of Financial Institutions
900 Pennsylvania Avenue
Suite 306
Charleston, West Virginia 25302-3542
FAX (304) 558-0442**

Your information

Salutation: Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/>		Other: <input type="text"/>	
First Name: <input type="text"/>		Middle Initial: <input type="text"/>	Last Name: <input type="text"/>
Street Address: <input type="text"/>			
City: <input type="text"/>		State: <input type="text"/>	Zip: <input type="text"/>
Home Phone: <input type="text"/>		Work Phone: <input type="text"/>	
Email: <input type="text"/>			
What is the best way to contact you? Phone <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/>			
What is the best time to contact you? Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/>			

Additional Contact Information

If you want us to communicate with someone else, such as a family member, attorney, or other person representing you about this complaint, 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.

Name of Representative: <input type="text"/>		
Relationship: <input type="text"/>		
Street Address: <input type="text"/>		
City: <input type="text"/>		State: <input type="text"/> Zip: <input type="text"/>
Phone: <input type="text"/>		

FINANCIAL INSTITUTION OR COMPANY INFORMATION THAT IS SUBJECT OF THE COMPLAINT

Name of Financial Institution or Company:		
Street Address:		
City:	State:	Zip:
Phone:		
Type of Account(s): Credit Card: <input type="checkbox"/>	Checking <input type="checkbox"/>	Other:
Account Number(s):		
Have you tried to resolve your complaint with your financial institution or company? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If Yes, When?	How? Phone <input type="checkbox"/> Mail <input type="checkbox"/> In <input type="checkbox"/>	Other
Contact Name:	Title:	
Have you filed a complaint or contacted another government agency? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If Yes, Agency Name?		

Complaint Information

Describe events in the order in which they occurred, including any names, phone numbers, and a full description of the problem with the amount(s) and date(s) of any transaction(s). You should also include any response from the financial institution or company.

Be as brief and complete as possible to make the explanation clear. **Use separate sheet(s) of paper if you need more space.**

Please include *COPIES* of documents related to your complaint such as contracts, monthly statements, receipts and correspondence with the bank. ***DO NOT SEND ORIGINAL DOCUMENTS.***

Please be advised that the issues described in this complaint will be shared with the financial institution or company in question for their response.

DESIRED RESOLUTION

What action by the financial institution or company would resolve this matter to your satisfaction?

PRIVACY ACT STATEMENT

Privacy Act Statement if applicable

I certify that the information provided on, or with, this form is true and correct to the best of my knowledge.

I hereby ask for assistance from the West Virginia Division of Financial Institutions under WV Code 31A-2A-4(c) and hereby grant the West Virginia Division of Financial Institutions permission to inquire into this matter. If I have contacted my state or federal representative for assistance in resolving this matter, my signature below also signifies my authorization to release to my representative's office copies of records and documents received by you relating to my complaint.

Signature: **Date:**