



the State Banking Department may be unable to act while there is pending litigation.

3. Would you be willing to testify, under oath, regarding the matters set forth in this complaint?

Yes  No

4. Have you complained to the firm(s) and/or person(s) involved?

Yes  No

5. If yes to Question #4 above, to whom did you complain to, and what was their response?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Did you sign any documents?  Yes  No

7. Place of Transaction: \_\_\_\_\_

8. Date of Transaction: \_\_\_\_\_ Witness to Transaction: \_\_\_\_\_

9. Other Government Agencies Contacted: \_\_\_\_\_

10. Briefly describe your complaint. Include specific dates. If the company/person involved is licensed with the State Banking Department, a copy of this form will be given to the company/person for response or action. If the company/person involved is not licensed with the State Banking Department, then we will forward your information to the proper regulatory authority. Please include a copy of all relevant documents with this complaint form. DO NOT SEND YOUR ORIGINAL DOCUMENTS.

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(Attach additional sheets if necessary)

11. What action by the company/person involved would resolve this matter to your satisfaction?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By signing below, I verify, under penalty of law, that everything contained in the foregoing complaint is true and correct to the best of my knowledge and belief. I also give the State Banking Department of Alabama the right to forward this information to the proper regulatory authority if the company/person involved is not licensed with the Department.

\_\_\_\_\_  
Signature of Complainant \_\_\_\_\_ Date

For Departmental Use Only:	Date Received:	_____
	Date Settled:	_____
	Date Transferred:	_____
	Actions Taken by Dept.	_____
	Consumer Services Specialist:	_____